

GLOBAL HEALTH CARE

Policy Wordings

UIN- BAJHLIP23020V012223

SECTION A) PREAMBLE

Whereas the Insured described in the Policy Schedule hereto (hereinafter called the 'Insured' or "Policyholder" or "Insured Person") has made to Bajaj Allianz General Insurance Company Limited (hereinafter called the "Company" or "Insurer" or "Insurance Company") a proposal or Proposal as mentioned in the transcript of the Proposal, which shall be the basis of this Contract and is deemed to be incorporated herein, containing certain undertakings, declarations, information/particulars and statements, which is hereby agreed to be the basis of this Contract and be considered as incorporated herein, for the insurance Contract hereinafter contained and has paid the premium specified in the Policy Schedule hereto as consideration for such insurance Contract, now the Company agrees, subject always to the Policy Schedule and the following terms, conditions, exclusions, and limitations of the Policy, and in excess of the amount of the Deductible/Co-Payment, to indemnify the Insured in respect of an admissible claim in the manner and to the extent hereinafter stated.

SECTION B) DEFINITIONS - STANDARD DEFINITIONS

Words or terms mentioned below have the meaning ascribed to them wherever they appear in this Policy, and references to the singular or to the masculine, include references to the plural or to the feminine wherever the context permits. If any word starts with Capital alphabet but is not defined in the Standard Definitions or Specific Definitions, then such word shall be interpreted as per the headings of the respective clauses/points in these Policy Wordings.

1. Accident:-

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

2. Any one Illness:-

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 was taken.

3. AYUSH Hospital:-

An AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

- Central or State Government AYUSH Hospital; or
- Teaching Hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
- AYUSH Hospital, standalone or co-located with Inpatient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
 - Having at least 5 Inpatient beds;
 - Having qualified AYUSH Medical Practitioner in charge round the clock;
 - Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - Maintaining daily records of the patients and making them accessible to the Insurance Company's authorized representative.

4. AYUSH Day Care Centre:-

AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on **Day Care Treatment** basis without Inpatient services and must comply with all the following criterion:

- Having qualified registered AYUSH Medical Practitioner(s) in charge;
- Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
- Maintaining daily records of the patients and making them accessible to the Insurance Company's authorized representative.

GLOBAL HEALTH CARE**5. Cashless Facility:-**

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 is approved.

6. Condition Precedent:-

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

7. Congenital Anomaly:-

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

8. Co-Payment:-

A 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 claim amount. A Co-Payment does not reduce the Sum Insured.

9. Cumulative Bonus:-

Cumulative Bonus means any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium.

10. Day Care Centre:-

A Day Care Centre means any institution established for Day Care Treatment of Illness and / or injuries or a medical set -up with a Hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified Medical Practitioner AND must comply with all minimum criterion as under:-

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

11. Day Care Treatment:-

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

- i. undertaken under General or Local Anesthesia in a Hospital/Day Care Centre in less than 24 hrs because of technological advancement, and
- ii. 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.

12. Deductible:-

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

13. Dental Treatment:-

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

14. Disclosure to information norm:-

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.

15. Emergency Care:-

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.

GLOBAL HEALTH CARE**16. Grace Period:-**

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.

17. Hospital:-

A Hospital means any institution established for Inpatient 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:

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

18. Hospitalization:-

Hospitalization 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.

19. Illness:-

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:

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

20. Injury:-

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.

21. Inpatient Care:-

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

22. Intensive Care Unit:-

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

23. ICU Charges:-

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.

24. Kidney Failure Requiring Regular Dialysis:-

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a Specialist Medical Practitioner.

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25. Maternity expenses:-

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.

26. Medical Advice:-

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

27. Medical Expenses:-

Medical Expenses means those expenses that an Insured 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 had not been Insured and no more than other Hospitals or Medical Practitioners in the same locality would have charged for the same medical treatment.

28. Medical Practitioner/Doctor/ Physician:-

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.

29. Medically Necessary Treatment:-

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

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

30. Migration:-

Migration means, the right accorded to health insurance policyholders (including all members under family cover and members under family cover and members of group health insurance Policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer.

31. Network Provider:-

Network Provider means Hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an Insured by a Cashless Facility.

32. New Born Baby:-

New Born Baby means baby born during the Policy Period and is aged up to 90 days.

33. Non- Network Provider:-

Non-Network Provider means any Hospital, Day Care Centre or other provider that is not part of the Network.

34. Notification of Claim:-

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

35. OPD treatment:-

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 Treatment or Inpatient.

36. Portability:-

Portability means the right accorded to an individual health insurance policyholder (including all members under family cover) to transfer the credit gained for pre-existing conditions and time-bound exclusions from one insurer to another.

GLOBAL HEALTH CARE**37. Pre-Existing Disease:-**

Pre-Existing Disease means any condition, ailment or Injury or disease

- a. That is/are diagnosed by a physician within 48 months prior to the effective date of the Policy issued by the insurer
or
- b. For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the Policy or its reinstatement.

38. Pre-Hospitalization Medical Expenses:-

Pre-Hospitalization Medical Expenses means medical expenses incurred during pre-defined number of days preceding the Hospitalization of the Insured, provided that:

- i. Such Medical Expenses are incurred for the same condition for which the Insured's Hospitalization was required, and
- ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

39. Post-Hospitalization Medical Expenses:-

Post-Hospitalization Medical Expenses means medical expenses incurred during pre-defined number of days immediately after the Insured is discharged from the Hospital provided that:

- i. Such Medical Expenses are for the same condition for which the Insured's Hospitalization was required, and
- ii. The Inpatient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

40. Reasonable and Customary Charges:-

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.

41. Qualified Nurse:-

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.

42. Renewal:-

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.

43. Room Rent:-

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

44. Surgery or Surgical Procedure:-

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

45. Unproven/Experimental Treatment:-

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.

SECTION B) DEFINITIONS - SPECIFIC DEFINITIONS

1. **Accidental** shall be construed as per definition of Accident in Standard Definitions.

2. Act of Terrorism:-

Means an act or thing by any person or group(s) of persons, whether acting alone or on behalf of or in connection with or in connivance with or at the instance or instigation of any person or group(s) or organisation(s) or associations(s), who are committed or proclaimed to be committed for political, religious or ideological purposes, whether such person or group(s) of persons or organisation(s) or association(s) are or are not banned by any law, in such a manner or with intent to threaten the unity, integrity, security or sovereignty of India or to strike terror in the people or any section of the people by using bombs, dynamite or other explosive substances or inflammable substances or firearms or other lethal weapons or poisons or noxious gases or other chemicals or by any other substances (whether biological or otherwise) of a hazardous nature or by any other means whatsoever, with

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intend to cause, or likely to cause, death or, or injuries to any person or persons or loss of, or damage to, or destruction of, property or disruption of any supplies or services essential to the life of the community or causes damage or destruction of any property or equipment used or intended to be used for the defence of India or in connection with any other purposes of the Government of India, any State Government or an of their agencies, or detains any person and threatens to kill or injure such person in order to compel the Government or any other person to do or abstain from doing any act. Provided further that for the above acts appropriate criminal prosecution has been initiated by police and charge sheet has been filed in competent court of criminal jurisdiction, either under special law or under general law.

3. Bajaj Allianz Network Hospitals / Network Hospitals/Network Providers:-

Bajaj Allianz Network Hospitals / Network Hospitals means the Hospitals which have been empanelled by the Insurer as per the latest version of the list of Hospitals maintained by the Insurer, which is available to You on request. For updated list please visit Our website.

4. Bajaj Allianz Diagnostic Centre:-

Bajaj Allianz Diagnostic Centre means the diagnostic centers which have been empanelled by Us as per the latest version of the schedule of diagnostic centers maintained by Us, which is available to You on request.

5. Alternate/Complementary treatment:-

Complementary treatment refers to therapeutic and diagnostic treatment that exists outside of traditional Western medicine viz. chiropractic treatment, osteopathy, Chinese herbal medicine, homeopathy, acupuncture and podiatry as practised by approved therapists.

6. Dental prescription drugs outside India:-

Dental prescription drugs outside India refers to those prescribed by a dentist for the treatment of dental inflammation or infection. The prescription drugs must be proven to be effective for the condition and recognized by the pharmaceutical regulator in a given country. They do not include mouthwashes, fluoride products, antiseptic gels and toothpastes.

7. Dental prostheses outside India:-

Dental prostheses outside India includes crowns, inlays, onlays, adhesive reconstructions/restorations, bridges, dentures and implants as well as all necessary and ancillary treatment required

8. Dental surgery outside India:-

Dental surgery outside India includes the surgical extraction of teeth, as well as other tooth-related surgical procedures such as apicoectomy and dental prescription drugs. All investigative procedures that establish the need for dental surgery such as laboratory tests, X-rays, CT scans and MRI(s) are included under this benefit. Dental surgery does not cover surgical treatment that relates to dental implants.

9. Dental treatment outside India:-

Dental treatment outside India includes an annual check-up, simple fillings related to cavities or decay, root canal treatment and dental prescription drugs.

10. Dependent:-

Dependent means a family member who is Your spouse, children and parents/parents-in-law.

11. Dependent child:-

A child is considered a dependent for insurance purposes up to the day before his/her 25th birthday. If enrolled in full time education a child is considered as dependent up to the day before his/her 30th birthday provided he is financially dependent on the proposer.

12. Diagnostic tests:-

Diagnostic tests refers to investigations such as x-rays or blood tests, undertaken to determine the cause of the presented symptoms.

13. Emergency and Emergency Treatment

Emergency Treatment shall be accordingly taken/interpreted as per definition of Emergency Care read with this definition. Provided however only treatment commencing within 24 hours of the Emergency event will be covered.

14. Emergency Inpatient Dental Treatment arising from an Accident:-

Emergency Inpatient Dental Treatment arising from an Accident refers to acute Emergency Dental Treatment that is due to a serious Accident and requires admission to Hospital. The treatment must take place within 24 hours of

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the Emergency event. Cover does not extend to follow-up Dental Treatment, dental surgery, dental prostheses, orthodontics or periodontics.

15. Emergency Treatment outside area of cover:-

Emergency treatment outside area of cover is treatment for medical emergencies which occur during business or holiday trips outside Your area of cover. Cover is provided for up to six weeks per trip within the maximum benefit amount. It includes treatment required due to an Accident or the sudden beginning or worsening of a severe Illness which presents an immediate threat to Your health. Treatment by a Doctor must start within 24 hours of the Emergency event. Cover is not provided for curative or follow-up non-Emergency treatment, even if You are deemed unable to travel to a country within Your geographical area of cover. Nor does it extend to charges relating to maternity, pregnancy, childbirth or any complications of pregnancy or childbirth. You must tell Us if You are going to be outside Your area of cover for more than six weeks.

16. Endorsement:-

Endorsement means any writing on a Policy Schedule or Policy, in addition to its normal Policy Schedule/Policy wording/Standard Terms and Conditions which supplements or modifies its Policy Schedule/Policy Wording/Standard Terms and Conditions. It may be added when Policy is prepared, or subsequently. Provided however any Service Level Agreement [SLA] or Agreement/MOU laying down various service levels shall not be treated as Endorsement.

17. Family history:-

Family history exists where a parent, grandparent, sibling, child, aunt or uncle has been previously diagnosed with the medical condition in question.

18. Home Country:-

Home country is a country for which You hold a current passport or which is Your principal country of residence.

19. Hospital (for International Cover):-

Hospital for international practice is any establishment which is licensed as a medical or surgical Hospital in the country where it operates and where the patient is permanently supervised by a Doctor.

The following are not considered Hospitals:

"rest and nursing homes, spas, cure-centres and health resorts."

20. Inpatient:- shall be construed as per Standard Definition of **Inpatient Care**.**21. Inpatient cash benefit:-**

In-patient cash benefit is payable when You receive Inpatient treatment free of charge for a medical condition that is covered by Us. Cover is limited to the amount and maximum number of nights specified in the Table of Benefits and is payable after You are discharged from Hospital.

20. Limit of Indemnity:-

Limit of Indemnity represents Our maximum liability to make payment for each and every claim per person and collectively for all persons mentioned in the Policy Schedule during the Policy Period and in the aggregate for the person(s) named in the Policy Schedule during the Policy Period, and means the amount stated in the Policy Schedule against each Cover.

21. Living donor medical costs:-

Living donor medical costs refer to the expenses We pay up to the limits specified in the Policy Schedule, towards organ donor's treatment for harvesting of the donated organ, provided that,

- The organ donor is any person whose organ has been made available in accordance and in compliance with the local regulation and the organ donated is for the use of the Insured, and
- We have accepted an Inpatient Hospitalization claim for the Insured under In-patient Hospitalization treatment for organ transplant.

22. Local (Road) ambulance:-

Local (Road) ambulance is ambulance transport that is required for an Emergency or out of medical necessity, to the nearest available and appropriate Hospital or licensed medical facility.

23. Medical Consumable:-

Medical consumable and equipment includes syringes, needles, sutures, staples, packaging, tubing, catheters, medical gloves, gowns, masks, adhesives and sealants for wound dressing and a whole host of other devices and tools used with a Hospital or surgical environment

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24. Medical Practitioners/Doctor (for International Cover):-

Medical Practitioners/Doctor for international practice are Doctors who are licensed to practise medicine under the law of the country in which Medically Necessary Treatment is given and where they are practising within the limits of their licence.

25. Medical Practitioner fees:-

Medical Practitioner fees refers to non-surgical treatment performed or administered by a Medical Practitioner.

26. Medical underwriting:-

Medical underwriting is the assessment of insurance risk based on information that You give Us when applying for cover. Our underwriting team uses this information to decide the terms of Our offer.

27. "Mental Illness" means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognise reality or ability to meet the ordinary demands of life, but does not include mental retardation which is a condition of arrested or incomplete development of mind of a person, specially characterised by sub normality of intelligence;

28. Named Insured/ Insured/Insured Person:

Insured means the persons, or his Family Members, named in the Schedule provided that an Insured or his Family Members has attained the age of 3 months and is not older than 65 years of age at the commencement of first Global Health Care Policy.

29. Network shall be construed as per the Standard Definition of Network Provider.

30. Obesity:-

Obesity means abnormal or excessive fat accumulation that may impair health. Obesity is measured in Body Mass Index.

Body mass index (BMI) is a simple index of weight-for-height that is commonly used to classify overweight and obesity in adults. It is defined as a person's weight in kilograms divided by the square of his height in meters (kg/m^2).

The WHO definition is:

- BMI greater than or equal to 25 is overweight
- BMI greater than or equal to 30 is obesity

31. Oral and maxillofacial surgical procedures outside India:-

Oral and maxillofacial surgical procedures outside India refers to surgical treatment on the mouth, jaws, face or neck performed in a Hospital by an oral and maxillofacial surgeon for: oral pathology, temporomandibular joint disorders, facial bone fractures, congenital jaw deformities, salivary gland diseases and tumours.

Unless You hold an International Dental Plan, We do not cover the following procedures even if they are performed by an oral and maxillofacial surgeon:

- Surgical removal of impacted teeth
- Surgical removal of cysts
- Orthognathic surgeries for the correction of malocclusion.

32. Organ transplant:-

Organ transplant refers to the following organ or tissue transplants: heart, heart valve, heart/lung, liver, pancreas, pancreas/kidney, kidney, bone marrow, parathyroid, muscular/skeletal and cornea.

33. Periodontics (for international practice):-

Periodontics refers to Dental Treatment related to gum disease.

34. Podiatry

Podiatry refers to **Medically Necessary Treatment** carried out by a State Registered podiatrist.

35. Policy or Contract/ Global Health Care Policy:-

Policy or Contract means the Proposal, the Policy Schedule, along with these Terms and Conditions issued to the Insured and any annexures and/or Endorsements attaching to and / or forming part thereof either at the commencement of Policy Period or during the Policy Period.

GLOBAL HEALTH CARE**36. Policy Schedule or Schedule:-**

Policy Schedule means the Policy Schedule and any annexure or Endorsements to it, if any, as issued by the Company, which forms part of Policy.

37. Policy Period:-

Policy Period means period from risk inception date [RID] to risk end date [RED], as mentioned in the Policy Schedule.

38. Policy Year:-

Policy Year means the period of 12 months.

39. Prescribed physiotherapy:-

Prescribed physiotherapy refers to treatment provided by a registered physiotherapist following referral by a Doctor. Physiotherapy is initially restricted to 12 sessions per condition, after which treatment must be reviewed by the Doctor who referred You. If You need further sessions, You must send Us a new progress report after every set of 12 sessions, indicating the medical necessity for more treatment. Physiotherapy does not include therapies such as Rolfing, massage, Pilates, Fango and Milta.

40. Prescription drugs:-

Prescription drugs refers to products which You can't buy without a prescription and are to treat a confirmed diagnosis or medical condition or to compensate a lack of vital bodily substances. Examples are antibiotics, sedatives, etc. Prescription drugs must be clinically proven to be effective for the diagnosed condition. They must also be recognised by internationally accepted medical guidelines.

41. Principal country of residence:-

Principal country of residence is the country where You and Your dependents (if applicable) live for more than six months of the Policy year.

42. Psychiatrist

Psychiatrist is a registered Medical Practitioner who specializes in psychiatry, the branch of medicine devoted to the diagnosis, prevention, study, and treatment of mental disorders.

43. Rehabilitation

Rehabilitation is defined as "a set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment.

Rehabilitation is a treatment that combines therapies such as physical, occupational and speech therapy. It aims to restore original form or function after an acute illness, Injury or surgery. Treatment must take place in a licensed rehabilitation facility and start within 14 days of discharge from acute medical and/or surgical treatment.

44. Rehabilitation Hospital/unit/facility

Rehabilitation Hospitals/unit/facility, also referred to as Inpatient rehabilitation Hospitals, are devoted to the rehabilitation of patients with various neurological, musculoskeletal, orthopedic and other medical conditions following stabilisation of their acute medical issues.

45. Single Private room:-

Single Private Room means a single occupancy air-conditioned room with an attached washroom/toilet. Deluxe, executive rooms and suites are not covered.

46. Specialist:-

Specialist is a licensed Doctor possessing the additional qualifications and expertise necessary to practise as a recognised specialist in diagnostic techniques, treatment and prevention in a particular field of medicine.

47. Specialist fees:-

Specialist fees refers to non-surgical treatment performed or administered by a specialist.

48. Speech therapy:-

Speech therapy refers to treatment carried out by a qualified speech therapist to treat diagnosed physical impairments. This includes conditions such as nasal obstruction, neurogenic impairment (e.g. lingual paresis, brain Injury) or articulation disorders involving the oral structure (e.g. cleft palate).

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49. Sum Insured or SI means the amount stated in the Policy Schedule against each relevant Section, which shall be the Company's maximum liability under this Policy (regardless of the number of the amount of Claims made) for any one Claim and in the aggregate for all Claims under such Section.

50. Surgical appliances and materials:-

Surgical appliances and materials are those required for surgeries. They include artificial body parts or devices such as joint replacement materials, bone screws and plates, valve replacement appliances, endovascular stents, implantable defibrillators and pacemakers.

51. Therapist:-

Therapist refers to a chiropractor, osteopath, Chinese herbalist, homeopath, acupuncturist, physiotherapist, speech therapist, occupational therapist or oculomotor therapist, who is qualified and licensed under the laws of the country in which treatment takes place.

52. You, Your, Yourself, Your Family:-

named in the Policy Schedule means the Insured or Insured's Family Members who are beneficiaries that We insure as set out in the Schedule.

53. We, Us, Our, Ours:-

means the Bajaj Allianz General Insurance Company Limited.

SECTION C) BENEFITS COVERED UNDER THE POLICY**Type of Policy:** Individual**Tenure of Policy:** 1 year**Scope of cover:**

The Company hereby agrees to pay Reasonable and Customary expenses in respect of an admissible claim, for any or all of the following covers subject to the Sum Insured, limits, Deductibles, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

PART A- COVERAGE- Domestic (Within India Only, for Imperial and Imperial Plus Plans)**I. IN-PATIENT BENEFITS FOR DOMESTIC COVER****1. In-patient Hospitalization Treatment**

If You are advised Hospitalization within India by a Medical Practitioner as defined under Policy because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period, then We will pay You, Reasonable and Customary Medical Expenses incurred subject to

- i. Room rent and Boarding expenses as provided by the Hospital/Nursing Home without any sub limit
- ii. If admitted in ICU, the Company will pay up to actual ICU expenses provided by Hospital.
- iii. Nursing Expenses as provided by the Hospital
- iv. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees.
- v. Anesthesia, Blood, Oxygen, Operation Theatre Charges, surgical appliances,
- vi. Dialysis, Chemotherapy, Radiotherapy, Physiotherapy
- vii. Medicines & Drugs
- viii. Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, cardiac valve replacements, vascular stents.
- ix. Relevant laboratory diagnostic tests, X-ray and such similar expenses that are medically necessary prescribed by the treating Medical Practitioner.
- x. Emergency Inpatient Hospitalization for Dental Treatment arising from an Accident

2. Pre-Hospitalization

The Medical Expenses incurred during the 60 days immediately before You were Hospitalized, provided that: Such Medical Expenses were incurred for the same Illness/Injury for which subsequent Hospitalization was required, and We have accepted an Inpatient Hospitalization claim under Inpatient Hospitalization Treatment.

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3. Post-Hospitalization

The Medical Expenses incurred during the 180 days immediately after You were discharged post Hospitalization provided that: Such costs are incurred in respect of the same Illness/Injury for which the earlier Hospitalization was required, and We have accepted an Inpatient Hospitalization claim under Inpatient Hospitalization Treatment.

4. Local (Road) Ambulance

We will pay the reasonable cost, specified in the Policy Schedule, incurred on an ambulance offered by a healthcare or ambulance service provider for transferring You to the nearest Hospital with adequate Emergency facilities for the provision of health services following an Emergency or out of medical necessity.

We will also reimburse the expenses incurred on an ambulance offered by a healthcare or ambulance service provider for transferring You from the Hospital where You were admitted initially to another Hospital with higher medical facilities.

Claim under this section shall be payable by Us only when:

- i. Such life threatening Emergency condition is certified by the Medical Practitioner, and
- ii. We have accepted Your Claim under "In-patient Hospitalization Treatment" or "Day Care Procedures" section of the Policy.

Subject otherwise to the terms, conditions and exclusions of the Policy.

5. Day Care Procedures

We will pay You the medical expenses as listed under Section C, Part A I-1- In-patient Hospitalization Treatment for Day care procedures / Surgeries taken as an Inpatient in a Hospital or Day Care Centre but not in the outpatient department. List of Day Care Procedures is as given in the Annexure I of Policy wordings.

6. Living Donor Medical Costs

We will pay expenses up to the limits specified in the Policy Schedule, towards organ donor's treatment for harvesting of the donated organ, provided that,

1. The organ donor is any person whose organ has been made available in accordance and in compliance with THE TRANSPLANTATION OF HUMAN ORGANS (AMENDMENT) BILL, 2011and the organ donated is for the use of the Insured, and
2. We have accepted an Inpatient Hospitalization claim for the Insured under In Patient Hospitalization Treatment (Section C, Part A I-1).

7. Annual Preventive Health Check-up

After each renewal of Global Health Care Policy with Us, You will be entitled for an Annual Preventive Health Check-up. We will reimburse the amount as per the limits specified in the Policy Schedule.

You may approach Us for the arrangement of the Health Check up. For the avoidance of doubt, We shall not be liable for any other ancillary or peripheral costs or expenses (including but not limited to those for transportation, accommodation or sustenance).

Contact Email id- healthcheck@bajajallianz.co.in.

Note: Payment under this benefit will not reduce the base sum Insured mentioned in Policy Schedule.

8. Ayurvedic / Homeopathic Hospitalization Expenses

If You are Hospitalized for not less than 24 hrs, in an Ayurvedic / Homeopathic Hospital which is a government Hospital or in any institute recognized by government and/or accredited by Quality Council of India/National Accreditation Board on Health on the advice of a Medical Practitioner because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period then We will pay You:

In-patient Treatment- Medical Expenses for Ayurvedic and Homeopathic treatment:

- Room rent, boarding expenses
- Nursing care
- Consultation fees
- Medicines, drugs and Medical consumables,
- Ayurvedic and Homeopathic treatment procedures

Our maximum liability is up to In-patient Hospitalization Sum Insured.

The claim will be admissible under the Policy provided that, the Illness/Injury requires Inpatient admission and the procedure performed on the Insured cannot be carried out on out-patient basis.

GLOBAL HEALTH CARE**9. Air Ambulance**

We will pay for ambulance transportation in an airplane or helicopter for Emergency life threatening health conditions which require immediate and rapid ambulance transportation from the site of first occurrence of the Illness /Accident to the nearest Hospital. The claim would be reimbursed up to the limits specified in the Policy Schedule provided that We have accepted an Inpatient Hospitalization claim under Inpatient Hospitalization Treatment.

Return transportation to the client's home by air ambulance is excluded.

10. Mental Illness Treatment

We will pay the Customary and Reasonable expenses for In-patient treatment of Mental Illness (as specified under Annexure IV), provided this treatment is availed in a recognized psychiatric unit of a Hospital, up to Sum Insured as specified in the Policy Schedule.

The above coverage is subject to fulfilment of following conditions:

- a. Mental Illness treatment is only covered where patient is diagnosed and treated by a psychiatrist, clinical psychologist or licensed psychotherapist.
- b. The Hospitalization is for Medically Necessary Treatment.
- c. All day-care or Inpatient admissions must include prescription medication related to the condition.
- d. The treatment should be taken in Mental Health Establishment either wholly or partly meant for the care of persons with mental illness, where persons with mental illness are admitted for treatment.

Exclusions: Mental Illness Treatment does not cover:

- a. Any expenses for Mental Illness Treatment related to Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
- b. Any expenses for diagnostic tests, investigations / treatment taken without the psychiatrist advising the same and which is not duly supported by his prescriptions
- c. Alternate treatment other than Allopathic treatment are not covered.
- d. For autism spectrum disorder, admissions, stays or day care treatment at specialised educational facilities are not covered.
- e. Out-patient Treatment for Mental Illness

11. Rehabilitation

Rehabilitation is defined as a set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment. It aims to restore original form or function after an acute Illness, Injury or surgery.

Rehabilitation is a treatment that combines therapies such as physical, occupational and speech therapy.

We will pay You up to the limits specified in the Policy Schedule for the cost of In-patient Rehabilitation provided

- a. it is carried out by a Medical Practitioner specializing in rehabilitation; and
- b. it is carried out in a licensed rehabilitation Hospital or unit;
- c. We have accepted an Inpatient Hospitalization claim for the Insured under In Patient Hospitalization Treatment and rehabilitation starts within 14 days of discharge from Hospital following acute medical and/or surgical treatment
- d. the treatment could not be carried out on an out-patient basis.

12. Modern Treatment Methods and Advancement in Technologies

We will pay the Customary and Reasonable expenses for the Modern Treatment Methods as mentioned in Annexure III subject to the Sum Insured, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

GLOBAL HEALTH CARE

TABLE OF BENEFITS FOR DOMESTIC COVER

COVER	IMPERIAL PLAN			IMPERIAL PLUS PLAN		
In-patient Hospitalization Treatment Limits	INR 3,750,000	INR 5,600,000	INR 7,500,000	INR 11,200,000	INR 18,750,000	INR 37,500,000
In-patient Hospitalization Treatment	Up to Sum Insured					
Hospital accommodation (Room rent and ICU)	At Actual					
Pre-hospitalisation	60 days					
Post-hospitalisation	180 days					
Local (Road) Ambulance	Up to Sum Insured					
Day Care Procedures	Up to Sum Insured					
Living Donor Medical Costs	INR 500,000					
Annual Preventive Health Check-up (only offered at renewal)	INR 5,000					
Ayurvedic / Homeopathic Hospitalization Expenses	Up to Sum Insured					
Air Ambulance	INR 500,000	INR 675,000	INR 750,000	INR 750,000	INR 750,000	INR 750,000
Mental Illness Treatment	Up to Sum Insured					
Rehabilitation	INR 50,000					
Modern Treatment Methods and Advancement in Technologies	Up to Sum Insured					

Note: The total Sum Insured payable under all the above covers will not exceed the In-patient Hospitalization Treatment Limits

PART B- COVERAGE- International

I. IN-PATIENT BENEFITS FOR INTERNATIONAL COVER

1. In-patient Hospitalization Treatment

If You are advised Hospitalization by a Medical Practitioner as defined under Policy because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period, then We will pay You, Reasonable and Customary Medical Expenses incurred subject to

- i. Room rent and Boarding expenses up to a Single Private Air Conditioned Room
- ii. If admitted in ICU, the Company will pay up to actual ICU expenses provided by Hospital.
- iii. Nursing Expenses as provided by the Hospital
- iv. Surgeon, Anesthetist, Medical Practitioner, Consultants, Therapist, Specialists Fees.
- v. Anesthesia, Blood, Oxygen, Operation Theatre Charges, surgical appliances,
- vi. Dialysis, Chemotherapy, Radiotherapy, Physiotherapy
- vii. Prescription drugs and materials
- viii. Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, cardiac valve replacements, vascular stents.
- ix. Relevant laboratory diagnostic tests, X-ray, and other Radiology tests and such similar expenses that are medically necessary prescribed by the treating Medical Practitioner.
- x. Emergency Inpatient Hospitalization for Dental Treatment arising from an Accident

This cover is subject to the Sum Insured, sub-limits, Deductibles, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

The Deductible is Optional and the amount will apply as specified in the Policy Schedule, if opted.

GLOBAL HEALTH CARE**2. Pre-Hospitalization**

The Medical Expenses incurred during the 45 days immediately before *You* were Hospitalized, provided that: Such Medical Expenses were incurred for the same Illness/Injury for which subsequent Hospitalization was required, and We have accepted an Inpatient Hospitalization claim under Inpatient Hospitalization Treatment.).

This cover is subject to the Sum Insured, sub-limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

3. Post-Hospitalization

The Medical Expenses incurred during the 90 days immediately after *You* were discharged post Hospitalization provided that: Such costs are incurred in respect of the same Illness/Injury for which the earlier Hospitalization was required, and We have accepted an Inpatient Hospitalization claim under Inpatient Hospitalization Treatment. .

This cover is subject to the Sum Insured, sub-limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

4. Local (Road) Ambulance

We will pay the reasonable cost, specified in the Policy Schedule, incurred on an ambulance offered by a healthcare or ambulance service provider for transferring *You* to the nearest Hospital with adequate Emergency facilities for the provision of health services following an Emergency or out of medical necessity.

We will also reimburse the expenses incurred on an ambulance offered by a healthcare or ambulance service provider for transferring *You* from the Hospital where *You* were admitted initially to another Hospital with higher medical facilities.

Claim under this section shall be payable by Us only when:

- i. Such life threatening Emergency condition is certified by the Medical Practitioner, and
- ii. We have accepted *Your* Claim under "In-patient Hospitalization Treatment" or "Day Care Procedures" section of the Policy.

This cover is subject to the Sum Insured, sub-limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

5. Day Care Procedures

We will pay *You* the medical expenses as listed under Section C, Part B,I-1 - In-patient Hospitalization Treatment for Day Care Procedures / Surgeries taken as an Inpatient in a Hospital or Day Care Centre but not in the outpatient department. List of Day Care Procedures is as given in the annexure I of Policy wordings.

This cover is subject to the Sum Insured, sub-limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

6. Living Donor Medical Costs

We will pay expenses up to the limits specified in the Policy Schedule, towards organ donor's treatment for harvesting of the donated organ, provided that,

- a) The organ donor is any person whose organ has been made available in accordance and in compliance with the local regulation and the organ donated is for the use of the Insured, and
- b) We have accepted an Inpatient Hospitalization claim for the Insured under In-patient Hospitalization treatment.

This cover is subject to the Sum Insured, sub-limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

7. Air Ambulance (Applicable to Imperial Plan only)

We will pay for ambulance transportation in an airplane or helicopter for Emergency life threatening health conditions which require immediate and rapid ambulance transportation from the site of first occurrence of the Illness/Accident to the nearest Hospital. The claim would be reimbursed up to the limits as specified in the Policy Schedule provided that We have accepted an Inpatient Hospitalization claim under Inpatient Hospitalization Treatment. (Section C, Part B, I-1).

Return transportation to the client's home by any mode of transport is excluded.

This cover is subject to the Sum Insured, sub-limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

GLOBAL HEALTH CARE

NOTE: This cover is on cashless basis only. To avail this service, You must contact Us on +353 1 630 1301. From this point onwards, We will organize and coordinate for the Air Ambulance until You arrive safely at Your destination of care. If ambulance services are not organized by Us, We reserve the right to decline all costs incurred.

8. Air Ambulance + Medical Evacuation (Applicable to Imperial Plus Plan only)

If You contract any Illness/ sustain any Injury which necessitates Emergency Hospitalization, We will pay reasonable and customary expenses up to the limits specified in the Policy Schedule, for Your Medical Evacuation to the nearest appropriate medical centre (which may or may not be in Your home country) by ambulance, helicopter or airplane provided that:

- The medical evacuation should be requested by Your Doctor, and will be carried out in the most economical way that is appropriate to Your medical condition
- We have accepted an Inpatient Hospitalization claim under Inpatient Hospitalization Treatment. (Section C, Part B ,I-1).
- adequately screened blood is unavailable in an Emergency
- necessary treatment is not available locally

If You can't travel for medical reasons following discharge from an Inpatient episode of care, We will cover the reasonable cost of hotel accommodation in a private en-suite room for up to seven days.

If You are evacuated to the nearest appropriate medical centre for ongoing treatment, We will cover the reasonable cost of hotel accommodation in a private en-suite room. This cost must be more economical than the cost of a series of journeys between the nearest appropriate medical centre and Your principal country of residence.

Following completion of treatment, We will also cover the cost of Your return trip (i.e. one way ticket) at economy rates to Your principal country of residence.

Exclusions (Applicable to Medical Evacuation):

- costs for hotel suites, four or five-star hotel accommodation or hotel accommodation for an accompanying person
- travel costs for accompanying person
- travel costs of Insured family members in the event of an evacuation

Where adequately screened blood is not available locally, We will, where appropriate, try to locate and transport screened blood and sterile transfusion equipment, if this is advised by the treating Doctor and Our own medical experts. We and Our agents accept no liability if We are unsuccessful or if contaminated blood or equipment is used by the treating authority.

This cover is subject to the Sum Insured, sub-limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

NOTE: This cover is on cashless basis only. You must contact Us on +353 1 630 1301 at the first indication that You need an evacuation. From this point onwards, We will organize and coordinate the evacuation until You arrive safely at Your destination of care. If evacuation services are not organized by Us, We reserve the right to decline all costs incurred.

9. Mental Illness Treatment

We will pay the Customary and Reasonable expenses for In-patient treatment of Mental Illness (as specified under Annexure IV), provided this treatment is availed in a recognized psychiatric unit of a Hospital, up to Sum Insured as specified in the Policy Schedule.

The above coverage is subject to fulfilment of following conditions:

- Mental Illness treatment is only covered where patient is diagnosed and treated by a psychiatrist, clinical psychologist or licensed psychotherapist.
- The Hospitalization is for Medically Necessary Treatment.
- All day-care or Inpatient admissions must include prescription medication related to the condition.
- The treatment should be taken in Mental Health Establishment either wholly or partly meant for the care of persons with mental illness, where persons with mental illness are admitted for treatment.

Exclusions: Mental Illness Treatment does not cover:

- Any expenses for Mental Illness Treatment related to Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. .

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- b. Any expenses for diagnostic tests, investigations / treatment taken without the psychiatrist advising the same and which is not duly supported by his prescriptions
- c. Alternate treatment other than Allopathic treatment are not covered.
- d. For autism spectrum disorder, admissions, stays or day care treatment at specialised educational facilities are not covered.
- e. Out-patient Treatment for Mental Illness

This cover is subject to the Sum Insured, sub-limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

10. Rehabilitation

Rehabilitation is defined as a set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment. It aims to restore original form or function after an acute illness, Injury or surgery.

Rehabilitation is a treatment that combines therapies such as physical, occupational and speech therapy.

We will pay You up to the limits specified in the Policy Schedule for the cost of In-patient Rehabilitation provided

- a. it is carried out by a Medical Practitioner specializing in rehabilitation; and
- b. it is carried out in a licensed rehabilitation Hospital or unit;
- c. We have accepted an Inpatient Hospitalization claim for the Insured under In Patient Hospitalization Treatment and rehabilitation starts within 14 days of discharge from Hospital following acute medical and/or surgical treatment
- d. the treatment could not be carried out on an out-patient basis

This cover is subject to the Sum Insured, sub-limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

**11. Accommodation costs for one parent staying in Hospital with an Insured child under 18 years of age
(Applicable to Imperial Plus Plan only)**

We will pay for reasonable accommodation costs of one parent for the duration of the Insured child's admission to Hospital for eligible treatment under Section C, Part B.1-Inpatient Hospitalization Treatment, up to the limit specified in the Policy Schedule. If a suitable bed is not available in the Hospital, We will contribute the equivalent of the daily room rate in a three-star hotel towards any hotel costs incurred.

This benefit would be applicable for the duration of Hospitalization of the Insured child.

The Policy will not cover sundry expenses such as meals, phone calls or newspapers.

This cover is subject to the Sum Insured, sub-limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

12. Emergency treatment outside area of cover (Applicable to Imperial Plus Plan only if "Excluding USA" cover is opted)

We will pay the Customary and Reasonable expenses, up to the limit specified in the Policy Schedule, incurred for treatment of medical emergencies which occur during business or holiday trips outside Your area of cover. Cover is provided for up to six weeks per trip within the Sum Insured limit. It includes treatment required due to an Accident or the sudden beginning or worsening of a severe illness which presents an immediate threat to Your health.

Treatment by a Doctor must start within 24 hours of the Emergency event.

Exclusion:

Cover is not provided for curative or follow-up non-Emergency treatment, even if You are deemed unable to travel to a country within Your geographical area of cover. Nor does it extend to charges relating to maternity, pregnancy, childbirth or any complications of pregnancy or childbirth.

This cover is subject to the Sum Insured, sub-limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

13. Medical repatriation (Applicable to Imperial Plus Plan only)

If the necessary treatment for which You are covered isn't available locally You can choose to be medically evacuated to Your home country for treatment, instead of to the nearest appropriate medical centre. This only applies when Your home country is within Your geographical area of cover. Following completion of treatment, We will also cover the cost of Your return trip (i.e. one way ticket) at economy rates, to the country from where you were repatriated.

The return journey must take place within one month after treatment has been completed.

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If You contract any Illness/ sustain any Injury which necessitates Hospitalization, We will pay reasonable and customary expenses up to the limits specified in the Policy Schedule, if You choose to be medically repatriated to Your home country for treatment, instead of to the nearest appropriate medical centre, provided that:

- a. Your home country is within Your geographical area of cover
- b. Where ongoing treatment is required, We will cover hotel accommodation costs
- c. Repatriation in the event of unavailability of adequately screened blood

If medical necessity prevents an immediate return trip following discharge from an Inpatient episode of care, We will cover the reasonable cost of hotel accommodation costs up to seven days.

Exclusions:

- a. travel costs for accompanying person
- b. travel costs of Insured family members in the event of repatriation
- c. travel costs of Insured members to be with a family member who is at peril of death or who has died

This cover is subject to the Sum Insured, sub-limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

NOTE: This cover is on cashless basis only. You must contact Us on +353 1 630 1301 at the first indication that repatriation is required. From this point onwards We will organise and coordinate all stages of the repatriation until You arrive safely at Your destination of care. If the repatriation is not organised by Us, We reserve the right to decline all costs incurred.

14. Repatriation of mortal remains (Applicable to Imperial Plus Plan only)

Repatriation of mortal remains is the transportation of the Insured deceased remains from the principal country of residence to the country of burial. We cover costs such as: embalming, a container legally appropriate for transportation, shipping and the necessary government authorisations. Cremation costs will only be covered if the cremation is required for legal purposes. We do not cover costs incurred by anyone accompanying the remains.

Exclusions:

Expense incurred for any person accompanying the remains is not covered.

This cover is subject to the Sum Insured, sub-limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

NOTE: This cover is on cashless basis only. To avail this service, You must contact Us on +353 1 630 1301. From this point onwards, We will organize and coordinate for the Repatriation of Mortal remains. If these services are not organized by Us, We reserve the right to decline all costs incurred.

15. In-patient cash benefit (Applicable to Imperial Plus Plan only)

We will pay Daily Cash Benefit as specified in the Policy Schedule for maximum 25 nights when You receive Inpatient treatment free of charge for a medical condition that is covered by Us.

This benefit is payable after You are discharged from Hospital.

This cover is subject to the Sum Insured, sub-limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

16. Palliative care (Applicable to Imperial Plus Plan only)

We will pay the Reasonable and Customary expenses incurred, up to the limit specified in the Policy Schedule, on diagnosis of a Terminal Illness, for any ongoing treatment, given on the advice of a Medical Practitioner, that aims to alleviate the physical/psychological suffering associated with progressive, incurable Illness and to maintain quality of life. It includes Inpatient, day-care and out-patient treatment. We will pay for physical care, psychological care, Hospital or hospice accommodation, nursing care and prescription drugs.

This cover is subject to the Sum Insured, sub-limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

17. Modern Treatment Methods and Advancement in Technologies

We will pay the Customary and Reasonable expenses for the Modern Treatment Methods as mentioned in Annexure III subject to the Sum Insured, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

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II. OUT-PATIENT BENEFITS FOR INTERNATIONAL COVER (Applicable to Imperial Plus Plan only)**1. Out-patient Treatment**

If You consult a consultant/Medical Practitioner on Outpatient basis for the Illness/ Injury contracted during the Policy Period, We will pay You Out Patient expenses up to the limits specified in the Policy Schedule for

- Medical Practitioner fees
- Specialist fees
- Diagnostic tests
- Prescription drugs

Exclusions:

- During the first year of Global Health Care Policy with Us, 30 days waiting period would be applicable for all claims under out-patient except those arising out of Accidental Injury, however the waiting period would not be applied during subsequent renewals.
- Out-patient Dental Treatment expenses will not be covered

2. Physiotherapy Benefit

We will pay the expenses incurred towards Prescribed Physiotherapy taken on Out-patient basis for Illness/Injury contracted during the Policy Period, maximum up to the limit specified in the Policy Schedule, provided that,

- The treatment is referred by a Doctor or prescribed by a Specialist consultant for Muskulo- skeletal /Neurological diseases / Injuries or other Systemic diseases
- The treatment should be carried out by a registered physiotherapist in a Hospital or a clinic as defined under the Policy
- Physiotherapy is initially restricted to 12 sessions per condition, after which treatment must be reviewed by the Doctor who referred You. If You need further sessions, You must send Us a new progress report after every set of 12 sessions, indicating the medical necessity for more treatment.

Exclusion:

- During the first year of Global Health Care Policy with Us, 90 days waiting period would be applicable for all claims under Physiotherapy Benefit except those arising out of Accidental Injury, however the waiting period would not be applied during subsequent renewals
- Physiotherapy does not include therapies such as Rolfing, massage, Pilates, Fango and Milta.

3. Alternate/Complementary Treatment Expenses

If You consult a therapist on Outpatient basis for the Illness/ Injury contracted during the Policy Period, We will pay You Out Patient expenses up to the limits specified in the Policy Schedule for Alternate treatment methods namely chiropractic treatment, osteopathy, Chinese herbal medicine, homeopathy, acupuncture and podiatry as practised by approved therapists.

Exclusions:

During the first year of Global Health Care Policy with Us, 30 days waiting period would be applicable for all claims under Alternate/Complementary Treatment Expenses except those arising out of Accidental Injury, however the waiting period would not be applied during subsequent renewals.

III. DENTAL PLAN BENEFITS (Optional)

In consideration of payment of additional premium by the Insured to the Company and realization thereof by the Company, it is hereby agreed and declared that Global Health Care Policy is extended to pay the expenses incurred for the below mentioned Dental related covers with a mandatory Co-Payment of 20% on each and every claim, subject to terms, conditions and definitions, exclusions, up to the limit specified in the Policy Schedule.

1. Dental treatment outside India

We will pay Customary and Reasonable expenses up to the limits specified in the Policy Schedule incurred for Dental Treatment which includes annual check-up, simple fillings related to cavities or decay, root canal treatment and dental prescription drugs.

2. Dental surgery outside India

We will pay Customary and Reasonable expenses up to the limits specified in the Policy Schedule incurred for Dental Surgery which includes the surgical extraction of teeth, as well as other tooth-related surgical procedures such as apicoectomy, Surgical removal of cysts, Orthognathic surgeries for the correction of malocclusion and

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dental prescription drugs. All investigative procedures that establish the need for dental surgery such as laboratory tests, X-rays, CT scans and MRI(s) are included under this benefit.

Exclusions:

- Dental surgery does not cover surgical treatment that relates to dental implants.
- Dental Prostheses, dental implants, orthodontics

3. Periodontics outside India

We will pay Customary and Reasonable expenses up to the limits specified in the Policy Schedule incurred for treatment related to gum disease.

Exclusions applicable to Dental Plan Benefits:

- During the first year of Global Health Care Policy with Us, 30 days waiting period would be applicable for all claims except those arising out of Accidental Injury, however the waiting period would not be applied during subsequent renewals.

TABLE OF BENEFITS FOR INTERNATIONAL COVER

Certain benefits would require You to seek pre-approval at least 72 hours prior to admission or availing the benefit in case of planned treatments. For more details, please refer the Section E 45.

COVER	IMPERIAL PLAN			IMPERIAL PLUS PLAN	
In-patient Hospitalization Treatment Limits	USD 100,000	USD 150,000	USD 200,000	USD 300,000	USD 500,000
Deductible options	0 / USD 500 / USD 1,000 (on annual aggregate basis)				
In-patient benefits					
Hospital accommodation (Room rent)	Single Private Air Conditioned Room				
Hospital accommodation (ICU)	At Actual				
Pre-hospitalization	45 days				
Post-hospitalization	90 days				
Local (Road) Ambulance	Up to Sum Insured				
Day Care Procedures	Up to Sum Insured				
Living donor medical costs	USD 30,000		USD 50,000		
Air Ambulance*	USD 7,500		NA	NA	NA
Air Ambulance + Medical Evacuation*	NA		Up to In-patient Sum Insured	Up to In-patient Sum Insured	Up to In-patient Sum Insured
Mental Illness Treatment	Up To Sum Insured				
Rehabilitation	USD 750		USD 2,300		
Accommodation costs for one parent staying in Hospital with an Insured child under 18 years of age	NA		Up to Sum Insured		
Emergency treatment outside area of cover	NA		Up to Sum Insured for maximum 6 Weeks per trip		
Medical repatriation*	NA		Up to Sum Insured		
Repatriation of mortal remains*	NA		USD 13,500		
Inpatient cash Benefit	NA		USD 175 Per night up to max 25 nights		
Palliative care	NA		Up to Sum Insured		
Modern Treatment Methods and Advancement in Technologies	Up to Sum Insured				

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Note: The total Sum Insured payable under all the above covers will not exceed the In-patient Hospitalization Treatment Limits

*The covers will be on cashless basis only.

Out-patient benefits

COVER	IMPERIAL PLAN	IMPERIAL PLUS PLAN	
Maximum out-patient plan benefit for international treatments only		USD 1,600	USD 2,400
Out-patient Treatment (Medical Practitioner fees Specialist fees Diagnostic tests Prescription drugs) Note: Excluding out-patient Dental Treatment	NA	USD 1,000	USD 1,500
Physiotherapy Benefit (Prescribed Physiotherapy)		USD 300	USD 450
Alternate/Complementary Treatment Expenses (Chiropractic treatment, osteopathy, homeopathy, Chinese herbal medicine, acupuncture and podiatry)		USD 300	USD 450
			USD 850

Dental plan benefits (optional)

COVER	IMPERIAL PLAN			IMPERIAL PLUS PLAN
Maximum dental plan benefit for international treatments only	USD 350	USD 450	USD 600	USD 2,300
Dental treatment outside India	20% Co-Payment		20% Co-Payment	
Dental surgery outside India	20% Co-Payment		20% Co-Payment	
Periodontics outside India	20% Co-Payment		20% Co-Payment	

SECTION D) EXCLUSIONS- STANDARD EXCLUSIONS APPLICABLE TO PART A- DOMESTIC COVER UNDER SECTION C) BENEFITS COVERED UNDER THE POLICY

1) Pre-Existing Diseases (Code -Excl01)

- a. Expenses related to the treatment of a Pre-Existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first Global Health Care Policy with Us.
- b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
- c. If the Insured is continuously covered without any break as defined under the Portability norms of the extant IRDAI (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage.
- d. Coverage under the Policy after the expiry of 36 months for any Pre-Existing Disease is subject to the same being declared at the time of application and accepted by Insurer.

2) Specified disease/procedure waiting period (Code - Excl02)

- a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first Global Health Care Policy with Us. This exclusion shall not be applicable for claims arising due to an Accident.
- b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
- c. If any of the specified disease/procedure falls under the waiting period specified for Pre-Existing diseases, then the longer of the two waiting periods shall apply.
- d. The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.
- e. If the Insured is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- f. List of specific diseases/procedures is as below

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1. Any type gastrointestinal ulcers	2. Cataracts,
3. Any type of fistula	4. Macular Degeneration
5. Benign prostatic hypertrophy	6. Hernia of all types
7. All types of sinuses	8. Fissure in ano
9. Haemorrhoids, piles	10. Hydrocele
11. Dysfunctional uterine bleeding	12. Fibromyoma
13. Endometriosis	14. Hysterectomy
15. Uterine Prolapse	16. Stones in the urinary and biliary systems
17. Surgery on ears/tonsils/ adenoids/ paranasal sinuses	18. Surgery on all internal or external tumours/ cysts/ nodules/polyps of any kind including breast lumps with exception of Malignant tumor or growth
	19. Diseases of gall bladder including cholecystitis
20. Pancreatitis	21. All forms of Cirrhosis
22. Gout and rheumatism	23. Tonsilitis
24. Surgery for varicose veins and varicose ulcers	25. Chronic Kidney Disease
26. Alzheimer's Disease	27. Joint replacement surgery
28. Surgery for vertebral column disorders (unless necessitated due to an Accident)	29. Surgery to correct deviated nasal septum
30. Hypertrophied turbinate	31. Congenital internal diseases or anomalies
32. Treatment for correction of eye sight due to refractive error recommended by Ophthalmologist for medical reasons with refractive error greater or equal to 7.5	33. Bariatric Surgery
34. Parkinson's Disease	35. Genetic disorders

3) 30-day waiting period (Code - Excl03)

- a. Expenses related to the treatment of any illness within 30 days from the first Policy commencement date shall be excluded except claims arising due to an Accident, provided the same are covered.
- b. This exclusion shall not, however apply if the Insured has Continuous Coverage for more than twelve months.
- c. The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

4) Investigation & Evaluation (Code- Excl04)

- a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
- b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

5) Rest Cure, rehabilitation and respite care (Code -Excl05)

- a. Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
- b. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
- c. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

6) Obesity/Weight Control (Code- Excl06)

- a. Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
- b. Surgery to be conducted is upon the advice of the Doctor
- c. The surgery/Procedure conducted should be supported by clinical protocols
- d. The member has to be 18 years of age or older and
- e. Body Mass Index (BMI):
 - i. greater than or equal to 40 or
 - ii. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:

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- f. Obesity-related cardiomyopathy
- g. Coronary heart disease
- h. Severe Sleep Apnea
- i. Uncontrolled Type2 Diabetes

7) Change-of-gender treatments (Code- Excl07)

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

8) Cosmetic or plastic Surgery (Code- Excl08)

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of Medically Necessary Treatment to remove a direct and immediate health risk to the Insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

9) Hazardous or Adventure sports: (Code -Excl09)

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

10) Breach of law (Code -Excl10)

Expenses for treatment directly arising from or consequent upon any Insured committing or attempting to commit a breach of law with criminal intent.

11) Excluded Providers (Code -Excl11)

Expenses incurred towards treatment in any Hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an Accident, expenses up to the stage of stabilization are payable but not the complete claim.

12) Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code -Excl12)**13) Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code -Excl13)****14) Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a Medical Practitioner as part of Hospitalization claim or Day Care Treatment. (Code -Excl14)****15) Refractive Error (Code -Excl15)**

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

16) Unproven Treatments (Code -Excl16)

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven Treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

17) Sterility and Infertility (Code -Excl17)

Expenses related to sterility and infertility. This includes:

- a. Any type of contraception, sterilization
- b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- c. Gestational Surrogacy
- d. Reversal of sterilization

18) Maternity (Code -Excl18):

- a. Medical Treatment Expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalization) except ectopic pregnancy.
- b. Expenses towards miscarriage (unless due to an Accident) and lawful medical termination of pregnancy during the Policy Period.

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SECTION D) EXCLUSIONS– SPECIFIC EXCLUSIONS APPLICABLE TO PART A- DOMESTIC COVER UNDER SECTION C) BENEFITS COVERED UNDER THE POLICY

We do not cover the following expenses unless indicated otherwise in the Table of Benefits or in any written Policy endorsement

- 1) Any Dental Treatment that comprises of cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth and also requiring Hospitalization unless specified .
- 2) Medical expenses where Inpatient care is not warranted and does not require supervision of qualified nursing staff and qualified Medical Practitioner round the clock
- 3) War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority.
Any Medical expenses incurred due to Act of Terrorism will be covered under the Policy.
- 4) The cost of spectacles, contact lenses, hearing aids, crutches, dentures, artificial teeth and all other external appliances and/or devices whether for diagnosis or treatment except for Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, cardiac valve replacements, vascular stents etc.
- 5) Treatment for any other system other than modern medicine (allopathy)
- 6) External medical equipment of any kind used at home as post Hospitalization care including cost of instrument used in the treatment of Sleep Apnoea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition.
- 7) Congenital external diseases or defects or anomalies, growth hormone therapy, stem cell implantation or surgery except for Hematopoietic stem cells for bone marrow transplant for haematological conditions.
- 8) Intentional self-Injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)
- 9) Vaccination or inoculation unless forming a part of post bite treatment or if medically necessary and forming a part of treatment recommended by the treating Medical Practitioner.
- 10) All non-medical Items as per Annexure II.
- 11) Circumcision unless required for the treatment of Illness or Accidental bodily Injury.
- 12) Treatment for any medical conditions arising directly or indirectly from chemical contamination, radioactivity or any nuclear material, including the combustion of nuclear fuel.
- 13) Alternate/ Complementary treatment, with the exception of those treatments shown in the Table of Benefits.
- 14) Expenses incurred because of complications directly caused by an Illness, Injury or treatment for which cover is excluded or limited under Your plan.
- 15) Consultations performed and any drugs or treatments prescribed by You, Your spouse, parents or children.
- 16) Dental veneers and related procedures, unless medically necessary.
- 17) Costs in respect of a family therapist or counsellor for out-patient mental illness treatment.
- 18) Doctor's fees for the completion of a Claim Form or other administration charges.
- 19) Care and/or treatment of intentionally caused diseases or self-inflicted injuries, including a suicide attempt.
- 20) Investigations into and treatment for loss of hair, including hair replacement unless the loss of hair is due to cancer treatment.
- 21) Treatment required as a result of medical error.
- 22) Products that can be purchased without a Doctor's prescription, except where a specific benefit covering these costs appears in the Table of Benefits.
- 23) Treatment of sleep disorders, including insomnia, narcolepsy, snoring and bruxism, except medically necessary Inpatient treatment for obstructive sleep apnoea.
- 24) Travel costs to and from medical facilities (including parking costs) for treatment, except when covered under "Local (Road) ambulance", "Medical evacuation" and "Medical repatriation" benefits.
- 25) Tumour marker testing, except for medically necessary testing during the investigation or treatment of cancer.
- 26) Medical evacuation/repatriation from a vessel at sea to a medical facility on land.
- 27) Organ Transplants that involve animal organs or organs which are manufactured using advanced technology like, but not limited to, 3D Printing. Expenses incurred during the acquisition of an organ relating to stem cell storage and banking.
- 28) The following benefits or any adverse consequences or complications relating to them, unless otherwise indicated in Your Table of Benefits:
 - Dental treatment, dental surgery, periodontics, orthodontics and dental prostheses. The only exception is oral and maxillofacial surgical procedures, which are covered within the overall limit of Your In-patient Plan
 - Dietician fees
 - Expenses for one person accompanying an evacuated/repatriated person

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- Out-patient treatment
 - Prescribed medical aids
 - Preventive treatment
 - Travel costs of Insured family members in the event of an evacuation/repatriation
 - Travel costs of Insured family members in the event of the repatriation of mortal remains
 - Travel costs of Insured members to be with a family member who is at peril of death or who has died
- 29) Exclusions applicable to Mental Illness Treatment:
- a. Any expenses for Mental Illness Treatment related to Alcoholism, drug or substance abuse or any addictive condition and consequences thereof..
 - b. Any expenses for diagnostic tests, investigations / treatment taken without the psychiatrist advising the same and which is not duly supported by his prescriptions.
 - c. Alternate treatment other than Allopathic treatment are not covered.
 - d. For autism spectrum disorder, admissions, stays or day care treatment at specialised educational facilities are not covered.
 - e. Out-patient Treatment for Mental Illness.
- 30) The Standard Exclusion under "Investigation & Evaluation (Code-Excl04) (a) Expenses related to any admission primarily for diagnostics and evaluation purposes only" are excluded even if the same requires confinement at a Hospital.

SECTION D) EXCLUSIONS- STANDARD EXCLUSIONS APPLICABLE TO PART B- INTERNATIONAL COVER UNDER SECTION C) BENEFITS COVERED UNDER THE POLICY

A. Applicable for Part B-I (IN-PATIENT BENEFITS FOR INTERNATIONAL COVER)

1) Pre-Existing Diseases (Code-Excl01)

- a. Expenses related to the treatment of a Pre-Existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first Global Health Care Policy with Insurer.
- b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
- c. If the Insured is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage.
- d. Coverage under the Policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

2) Specified disease/procedure waiting period (Code-Excl02)

- a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first Global Health Care Policy with Us. This exclusion shall not be applicable for claims arising due to an Accident.
- b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
- c. If any of the specified disease/procedure falls under the waiting period specified for Pre-Existing diseases, then the longer of the two waiting periods shall apply.
- d. The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.
- e. If the Insured is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- f. List of specific diseases/procedures is as below

1. Any type gastrointestinal ulcers	2. Cataracts,
3. Any type of fistula	4. Macular Degeneration
5. Benign prostatic hypertrophy	6. Hernia of all types
7. All types of sinuses	8. Fissure in ano
9. Haemorrhoids, piles	10. Hydrocele
11. Dysfunctional uterine bleeding	12. Fibromyoma
13. Endometriosis	14. Hysterectomy

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15. Uterine Prolapse	16. Stones in the urinary and biliary systems
17. Surgery on ears/tonsils/ adenoids/ paranasal sinuses	18. Surgery on all internal or external tumours/ cysts/ nodules/polyps of any kind including breast lumps with exception of Malignant tumor or growth
20. Pancreatitis	19. Diseases of gall bladder including cholecystitis
22. Gout and rheumatism	21. All forms of Cirrhosis
24. Surgery for varicose veins and varicose ulcers	23. Tonsilitis
26. Alzheimer's Disease	25. Chronic Kidney Disease
28. Surgery for vertebral column disorders (unless necessitated due to an Accident)	27. Joint replacement surgery
30. Hypertrophied turbinate	29. Surgery to correct deviated nasal septum
32. Treatment for correction of eye sight due to refractive error recommended by Ophthalmologist for medical reasons with refractive error greater or equal to 7.5	31. Congenital internal diseases or anomalies
34. Parkinson's Disease	33. Bariatric Surgery
	35. Genetic disorders

3) **30-day waiting period (Code-Excl03)**

- a. Expenses related to the treatment of any illness within 30 days from the first Policy commencement date shall be excluded except claims arising due to an Accident, provided the same are covered.
- b. This exclusion shall not, however apply if the Insured has Continuous Coverage for more than twelve months.
- c. The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

4) **Investigation & Evaluation (Code-Excl04)**

- a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded .
- b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

5) **Rest Cure, rehabilitation and respite care (Code-Excl05)**

- a. Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
- b. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
- c. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

6) **Obesity/Weight Control (Code-Excl06)**

- a. Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
- b. Surgery to be conducted is upon the advice of the Doctor
- c. The surgery/Procedure conducted should be supported by clinical protocols
- d. The member has to be 18 years of age or older and
- e. Body Mass Index (BMI);
 - i. greater than or equal to 40 or
 - ii. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
- f. Obesity-related cardiomyopathy
- g. Coronary heart disease
- h. Severe Sleep Apnea
- i. Uncontrolled Type2 Diabetes

7) **Change-of-gender treatments (Code-Excl07)**

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

8) **Cosmetic or plastic Surgery (Code-Excl08)**

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of Medically Necessary Treatment to remove a direct and

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immediate health risk to the Insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

9) Hazardous or Adventure sports: (Code-Excl09)

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

10) Breach of law (Code-Excl10)

Expenses for treatment directly arising from or consequent upon any Insured committing or attempting to commit a breach of law with criminal intent.

11) Excluded Providers (Code-Excl11)

Expenses incurred towards treatment in any Hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an Accident, expenses up to the stage of stabilization are payable but not the complete claim.

12) Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code-Excl12)**13) Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code-Excl13)****14) Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a Medical Practitioner as part of Hospitalization claim or Day Care Procedure. (Code-Excl14)****15) Refractive Error (Code-Excl15)**

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

16) Unproven Treatments (Code-Excl16)

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven Treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

17) Sterility and Infertility (Code-Excl17)

- Expenses related to sterility and infertility. This includes:
- Any type of contraception, sterilization
- Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- Gestational Surrogacy
- Reversal of sterilization

18) Maternity (Code-Excl18):

- Medical Treatment Expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalization) except ectopic pregnancy.
- Expenses towards miscarriage (unless due to an Accident) and lawful medical termination of pregnancy during the Policy Period.

SECTION D) EXCLUSIONS– SPECIFIC EXCLUSIONS APPLICABLE TO INTERNATIONAL COVER UNDER SECTION C) BENEFITS COVERED UNDER THE POLICY**B. Applicable to Part B-I, B-II, B-III**

We do not cover the following expenses unless indicated otherwise in the Table of Benefits or in any written Policy endorsement

- Any Dental Treatment that comprises of cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth and also requiring Hospitalization unless specified .
- Medical expenses where Inpatient care is not warranted and does not require supervision of qualified nursing staff and qualified Medical Practitioner round the clock

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- 3) War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority.
Any Medical expenses incurred due to Act of Terrorism will be covered under the Policy.
- 4) The cost of spectacles, contact lenses, hearing aids, crutches, dentures, artificial teeth and all other external appliances and/or devices whether for diagnosis or treatment except for Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, cardiac valve replacements, vascular stents etc.
- 5) Treatment for any other system other than modern medicine (allopathy)
- 6) External medical equipment of any kind used at home as post Hospitalization care including cost of instrument used in the treatment of Sleep Apnoea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition.
- 7) Congenital external diseases or defects or anomalies, growth hormone therapy, stem cell implantation or surgery except for Hematopoietic stem cells for bone marrow transplant for haematological conditions.
- 8) Intentional self-Injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)
- 9) Vaccination or inoculation unless forming a part of post bite treatment or if medically necessary and forming a part of treatment recommended by the treating Medical Practitioner.
- 10) All non-medical Items as per Annexure II
- 11) Circumcision unless required for the treatment of Illness or Accidental bodily Injury,
- 12) Treatment for any medical conditions arising directly or indirectly from chemical contamination, radioactivity or any nuclear material, including the combustion of nuclear fuel.
- 13) Alternate/Complementary treatment, with the exception of those treatments shown in the Table of Benefits.
- 14) Expenses incurred because of complications directly caused by an Illness, Injury or treatment for which cover is excluded or limited under Your plan.
- 15) Consultations performed and any drugs or treatments prescribed by You, Your spouse, parents or children.
- 16) Dental veneers and related procedures, unless medically necessary.
- 17) Costs in respect of a family therapist or counsellor for out-patient mental illness treatment.
- 18) Doctor's fees for the completion of a Claim Form or other administration charges.
- 19) Care and/or treatment of intentionally caused diseases or self-inflicted injuries, including a suicide attempt.
- 20) Investigations into and treatment for loss of hair, including hair replacement unless the loss of hair is due to cancer treatment.
- 21) Treatment required as a result of medical error.
- 22) Products that can be purchased without a Doctor's prescription, except where a specific benefit covering these costs appears in the Table of Benefits.
- 23) Treatment of sleep disorders, including insomnia, narcolepsy, snoring and bruxism, except medically necessary Inpatient treatment for obstructive sleep apnoea.
- 24) Travel costs to and from medical facilities (including parking costs) for treatment, except when covered under "Local (Road) ambulance", "Medical evacuation" and "Medical repatriation" benefits.
- 25) Treatment in the USA if We believe that cover was taken out with the purpose of travelling to the USA to get treatment for a condition or symptoms You were aware of:
 - before being Insured with Us
 - before having the USA in Your region of cover.
 If We paid any claims in these circumstances, We reserve the right to seek reimbursement from You.
- 26) Treatment outside the geographical area of cover unless for emergencies or authorised by Us.
- 27) Tumour marker testing, except for medically necessary testing during the investigation or treatment of cancer.
- 28) Medical evacuation/repatriation from a vessel at sea to a medical facility on land.
- 29) Organ Transplants that involve animal organs or organs which are manufactured using advanced technology like, but not limited to, 3D Printing. Expenses incurred during the acquisition of an organ relating to stem cell storage and banking.
- 30) The following benefits or any adverse consequences or complications relating to them, unless otherwise indicated in Your Table of Benefits:
 - Dental treatment, dental surgery, periodontics, orthodontics and dental prostheses. The only exception is oral and maxillofacial surgical procedures, which are covered within the overall limit of Your In-patient Plan
 - Dietician fees
 - Expenses for one person accompanying an evacuated/repatriated person
 - Home delivery
 - Infertility treatment
 - Laser eye treatment.
 - Out-patient treatment
 - Prescribed glasses and contact lenses including eye examination
 - Prescribed medical aids

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- Preventive treatment
 - Routine maternity, Routine Delivery and newborn care and Complications of childbirth
 - Travel costs of Insured family members in the event of an evacuation/repatriation
 - Travel costs of Insured family members in the event of the repatriation of mortal remains
 - Travel costs of Insured members to be with a family member who is at peril of death or who has died
 - Vaccinations
- 31) Air Ambulance + Medical Evacuation (Applicable to Imperial Plus Plan only)
- a. costs for hotel suites, four or five-star hotel accommodation or hotel accommodation for an accompanying person
 - b. travel costs for accompanying person
 - c. travel costs of Insured family members in the event of an evacuation
- 32) Mental Illness Treatment
- a. Any expenses for Mental Illness Treatment related to Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.. .
 - b. Any expenses for diagnostic tests, investigations / treatment taken without the psychiatrist advising the same and which is not duly supported by his prescriptions
 - c. Alternate treatment other than Allopathic treatment are not covered
 - d. For autism spectrum disorder, admissions, stays or day care treatment at specialised educational facilities are not covered.
 - e. Out-patient Treatment for Mental Illness.
- 33) Emergency treatment outside area of cover
- Cover is not provided for curative or follow-up non-Emergency treatment, even if You are deemed unable to travel to a country within Your geographical area of cover. Nor does it extend to charges relating to maternity, pregnancy, childbirth or any complications of pregnancy or childbirth.
- 34) Medical repatriation
- a. travel costs for accompanying person
 - b. travel costs of Insured family members in the event of repatriation
 - c. travel costs of Insured members to be with a family member who is at peril of death or who has died
- 35) Repatriation of mortal remains
- Expense incurred for any person accompanying the remains is not covered.
- 36) If the international travel is intentionally undertaken with an intention of taking/undergoing medical treatment/procedure outside India.
- 37) The Standard Exclusion under "Investigation & Evaluation (Code-Excl04) (a) Expenses related to any admission primarily for diagnostics and evaluation purposes only" are excluded even if the same requires confinement at a Hospital.

C. Applicable to Part B-II (OUT-PATIENT BENEFITS FOR INTERNATIONAL COVER)**1. Out-patient Treatment**

- a. During the first year of Global Health Care Policy with Us, 30 days waiting period would be applicable for all claims under out-patient except those arising out of Accidental Injury, however the waiting period would not be applied during subsequent renewals.
- b. Out-patient Dental Treatment expenses will not be covered.

2. Alternate/Complementary Treatment

During the first year of Global Health Care Policy with Us, 30 days waiting period would be applicable for all claims under Alternate/Complementary Treatment except those arising out of Accidental Injury, however the waiting period would not be applied during subsequent renewals.

3. Physiotherapy Benefit

- a. During the first year of Global Health Care Policy with Us, 90 days waiting period would be applicable for all claims under Physiotherapy Benefit except those arising out of Accidental Injury, however the waiting period would not be applied during subsequent renewals
- b. Physiotherapy does not include therapies such as Rolfing, massage, Pilates, Fango and Milta.

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D. Applicable for Part B-III (DENTAL PLAN BENEFITS FOR INTERNATIONAL COVER)

- During the first year of Global Health Care Policy with Us, 30 days waiting period would be applicable for all claims under Dental Plan Benefits except those arising out of Accidental Injury, however the waiting period would not be applied during subsequent renewals
- Dental surgery does not cover surgical treatment that relates to dental implants.
- Dental Prostheses, dental implants, orthodontics

SECTION E) GENERAL TERMS AND CONDITIONS - STANDARD GENERAL TERMS AND CONDITIONS**1. Disclosure of Information**

The Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, misdescription or non-disclosure of any material fact by the Policy holder.

(Explanation- "Material facts" for the purpose of this Policy shall mean all relevant information sought by the Company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk.)

2. Condition Precedent to Admission of Liability

The terms and conditions of the Policy must be fulfilled by the Insured for the Company to make any payment for claim(s) arising under the Policy.

3. Claim Settlement. (provision for Penal interest)

- i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the Policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the Policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

(Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due)

4. Complete Discharge

Any payment to the Policyholder, Insured or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the Policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

5. Multiple Policies

- i. In case of multiple policies taken by an Insured during a period from the same or one or more insurers to indemnify treatment costs, the Insured 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 chosen by the Insured 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.
- ii. Insured having multiple policies shall also have the right to prefer claims under this Policy for the amounts disallowed under any other policy / policies even if the Sum Insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this Policy.
- iii. If the amount to be claimed exceeds the Sum Insured under a single policy, the Insured shall have the right to choose insurer from whom he/she wants to claim the balance amount.
- iv. Where an Insured has policies from more than one insurer to cover the same risk on indemnity basis, the Insured shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

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6. Fraud

If any claim made by the Insured, 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 or anyone acting on his/her behalf to obtain any benefit under this Policy, all benefits under this Policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this Policy but which are found fraudulent later shall be repaid by all recipient(s)/Policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured or by his agent or the Hospital/Doctor/any other party acting on behalf of the Insured, with intent to deceive the Insurer or to induce the Insurer to issue an insurance Policy

- a. the suggestion, as a fact of that which is not true and which the Insured does not believe to be true;
- b. the active concealment of a fact by the Insured having knowledge or belief of the fact;
- c. any other act fitted to deceive; and
- d. any such actor omission as the law specially declares to be fraudulent.

The Company shall not repudiate the claim and / or forfeit the Policy benefits on the ground of Fraud, if the Insured / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving Fraud is upon the Insured, if alive, or beneficiaries.

7. Cancellation

The Insured may cancel this Policy by giving 15 days' written notice and in such an event, the Company shall refund premium for the unexpired Policy Period as detailed below

- a. If full premium is received at Policy inception then refund will be computed as under:

Period in Risk	Premium Refund
Within 15 Days	As per Free Look period Condition
Exceeding 15 days but less than or equal to 3 months	65.00%
Exceeding 3 months but less than or equal to 6 months	45.00%
Exceeding 6 months but less than or equal to 9 months	20.00%
Exceeding 9 months but less than or equal to 12 months	0%

- b. If premium is received on instalment basis, the premium will be refunded as per the below table:

Period in Risk (From Latest instalment date)	% of Monthly Premium	% of Quarterly Premium	% of Half Yearly Premium
Up to 15 days from 1st Instalment Date	As per Free Look Period Condition		
Exceeding 15 days but less than or equal to 3 months	No Refund	30%	0%
Exceeding 3 months but less than or equal to 6 months			

Note:

The first slab of Number of days "within 15 days" in above table is applicable only in case of new business.

In case of renewal policies, period of risk "Exceeding 15 days but less than 3 months" should be read as "within 3 months".

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the Policy.

The Company may cancel the Policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

GLOBAL HEALTH CARE**8. Migration**

The Insured will have the option to migrate the Policy to other health insurance products/plans offered by the Company by applying for migration of the Policy at least 30 days before the Policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the Company, the Insured will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

For Detailed Guidelines on migration, kindly refer the link

https://www.irdai.gov.in/ADMINCMS/cms/Circulars_List.aspx?mid=3.2.3

9. Portability

The Insured will have the option to port the Policy to other insurers by applying to such insurer to port the entire Policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the Policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance Policy with an Indian General/Health insurer, the proposed Insured will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on portability, kindly refer the link

https://www.irdai.gov.in/ADMINCMS/cms/Circulars_List.aspx?mid=3.2.3

10. Renewal of Policy

The Policy shall ordinarily be renewable except on misrepresentation by the insured person, grounds of fraud, misrepresentation by the insured person.

- i. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding Policy years.
- iii. Request for renewal along with requisite premium shall be received by the Company before the end of the Policy Period.
- iv. At the end of the Policy Period, the Policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in Policy. Coverage is not available during the grace period.
- v. No loading shall apply on renewals based on individual claims experience

11. Withdrawal of Policy

- i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the Policy.
- ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period as per IRDAI guidelines, provided the Policy has been maintained without a break.

12. Moratorium Period

After completion of eight continuous years under this Policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first Policy and subsequently completion of eight continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no claim under this Policy shall be contestable except for proven fraud and permanent exclusions specified in the Policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the Policy contract.

13. Premium Payment in Instalments (Wherever applicable)

If the Insured has opted for Payment of Premium on an instalment basis i.e., Half Yearly, Quarterly or Monthly, as mentioned in the Policy Schedule, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy)

- i. Grace Period of 15 days would be given to pay the instalment premium due for the Policy.
- ii. During such grace period, coverage will not be available from the due date of instalment premium till the date of receipt of premium by Company.
- iii. The Insured will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period.
- iv. No interest will be charged If the instalment premium is not paid on due date.
- v. In case of instalment premium due not received within the grace period, the Policy will get cancelled.
- vi. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.

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vii. The Company has the right to recover and deduct all the pending installments from the claim amount due under the Policy.

14. Possibility of Revision of Terms of the Policy Including the Premium Rates:

The Company, with prior approval of IRDAI, may revise or modify the terms of the Policy including the premium rates. The Insured shall be notified three months before the changes are effected.

15. Free Look Period

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the Policy.

The Insured shall be allowed free look period of fifteen days from date of receipt of the Policy document to review the terms and conditions of the Policy, and to return the same if not acceptable.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

- i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the Insured and the stamp duty charges or
- ii. where the risk has already commenced and the option of return of the Policy is exercised by the Insured, a deduction towards the proportionate risk premium for period of cover or
- iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

16. Nomination

The Policyholder is required at the inception of the Policy to make a nomination for the purpose of payment of claims under the Policy in the event of death of the Policyholder. Any change of nomination shall be communicated to the Company in writing and such change shall be effective only when an endorsement on the Policy is made. In the event of death of the Policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the Policyholder whose discharge shall be treated as full and final discharge of its liability under the Policy.

17. Grievance Redressal Procedure

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

Toll free: 1800-225858 (free calls from BSNL/MTNL lines only)
1800-1025858 (free calls from Bharti users – mobile /landline) or 020-30305858
E-mail: bagichelp@bajajallianz.co.in
Fax : 020-66026667
Courier: Bajaj Allianz General Insurance Co. Ltd
Bajaj Allianz House, Airport Road
Yerawada, Pune 411006

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

If Insured Beneficiary is not satisfied with the redressal of grievance through one of the above methods, Insured Beneficiary may contact the grievance officer at ggro@bajajallianz.co.in

For updated details of grievance officer, <https://www.bajajallianz.com/about-Us/customer-service.html>

Grievance may also be lodged at IRDAI Integrated Grievance Management System - <https://igms.irda.gov.in/>

You can further find detailed and Complaints and dispute resolution procedure for International Cover please refer condition 55. "Additional Grievance Redressal Procedure".

SECTION E) GENERAL TERMS AND CONDITIONS - SPECIFIC TERMS AND CONDITIONS**18. Conditions Precedent**

- a) The due observance and fulfilment of the terms and conditions of the Policy, by the Insured, shall be a condition precedent to any liability of the Company to make any payment for claim(s) arising under the Policy.
- b) The Insured shall notify the Company in writing of any material change in the risk in relation to the declaration made in the proposal form or medical examination report at each Renewal and the Company may, adjust the scope of cover and / or premium, if necessary, accordingly.

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- c) Where this Policy requires You to do or not to do something, then the complete satisfaction of that requirement by You or someone claiming on Your behalf is a precondition to any obligation We have under this Policy. If You or someone claiming on Your behalf fails to completely satisfy that requirement, then We may refuse to consider Your claim.

19. Records to be Maintained

The Insured shall keep an accurate record containing all relevant medical records and shall allow the Company or its representatives to inspect such records. The Policyholder or Insured Person shall furnish such information as the Company may require for settlement of any claim under the Policy, within reasonable time limit and within the time limit specified in the Policy

20. Automatic change in Coverage under the Policy

The coverage for the Insured shall automatically terminate:

1. In the case of his/ her (Insured) demise.

However, the cover shall continue for the remaining insured persons till the end of Policy Period. The other insured persons may also apply to renew the Policy. In case, the other insured person is minor, the Policy shall be renewed only through any one of his/her natural guardian or guardian appointed by court. All relevant particulars in respect of such person (including his/her relationship with the insured person) must be submitted to the Company along with the application. Provided no claim has been made, and termination takes place on account of death of the Insured, pro-rata refund of premium of the deceased Insured for the balance period of the Policy will be effective.

2. Upon exhaustion of Sum Insured and cumulative bonus, for the Policy year. However, the Policy is subject to renewal on the due date as per the applicable terms and conditions.

21. Territorial Jurisdiction

All disputes or differences under or in relation to the interpretation of the terms, conditions, validity, construct, limitations and/or exclusions contained in the Policy shall be determined by the Indian court and according to Indian law.

22. Notice & Communication

- i. Any notice, direction, instruction or any other communication related to the Policy should be made in writing.
- ii. Such communication shall be sent to the address of the Company or through any other electronic modes specified in the Policy Schedule.
- iii. The Company shall communicate to the Insured at the address or through any other electronic mode mentioned in the Schedule.

23. Insured

Only those persons named as the Insured in the Policy Schedule shall be covered under this Policy. Cover under this Policy shall be withdrawn from any Insured upon such Insured giving 14 days written notice to be received by Us.

24. Communications

Any communication meant for Us must be in writing and be delivered to Our address shown in the Schedule. Any communication meant for You will be sent by Us to Your address shown in the Schedule.

25. Paying a Claim

- i. You agree that We need only make payment when You or someone claiming on Your behalf has provided Us with necessary documentation and information.
- ii. We will make payment to You or Your Nominee. If there is no Nominee and You are incapacitated or deceased, We will pay Your heir, executor or validly appointed legal representative and any payment We make in this way will be a complete and final discharge of Our liability to make payment.

26. Basis of Claims Payment (For Domestic Cover only)

- i. If You suffer a relapse within 45 days of the date when You last obtained medical treatment or consulted a Medical Practitioner and for which a claim has been made, then such relapse shall be deemed to be part of the same claim.
- ii. The Day Care Procedure listed are subject to the exclusions, terms and conditions of the Policy and will not be treated as independent coverage under the Policy.
- iii. We shall make payment in Indian Rupees only.

GLOBAL HEALTH CARE**27. Basis of Claims Payment (For International Cover only)**

Currency: Please specify the currency You wish to be paid in. On rare occasions, We may not be able to make a payment in that currency due to international banking regulations. If this happens, We will identify a suitable alternative currency. If We have to make a conversion from one currency to another, We will use the exchange rate that applied on the date the invoices were issued, or on the date that We pay Your claim.

Please note that We reserve the right to choose which currency exchange rate to apply.

28. Cost Sharing

- a. You shall bear 20% of Co-Payment for each and every claim payable under Section C Part B III- Dental Plan Benefits (Optional cover) and Our liability, if any, shall only be in excess of that sum.
- b. If opted, an aggregate Deductible as specified in the Policy Schedule will apply for expenses under Inpatient plan benefits outside India.

29. Cumulative Bonus (For Domestic Cover only):

If You renew Your Global Health Care Policy with Us without any break and there has been no claim in the preceding year, We will increase the Limit of Indemnity by 20% of Domestic Cover's base Sum Insured per annum, but:

- i. The maximum cumulative increase in the Limit of Indemnity will be limited to 100% of Domestic Cover's base Sum Insured.
- ii. This clause does not alter the annual character of this insurance or Our right to decline to renew or to cancel the Policy, under the circumstances described in cancellation clause stated under the Policy
- iii. If a claim is made in any year where a cumulative increase has been applied, then the increased Limit of Indemnity in the Policy Period of the subsequent Global Health Care Policy shall be reduced by 20%, save that the limit of indemnity applicable shall be preserved.

30. Changing country of residence

It is important to let Us know when You change Your country of residence. This may affect Your cover, the availability of the services included in Your plan or Your premium, even if You are moving to an area within Your Network, as Your existing plan may not be valid there. Cover in some countries is subject to local health insurance restrictions, particularly for residents of that country. It is Your responsibility to ensure that Your health cover is legally appropriate. If You are not sure, please get independent legal advice, as We may no longer be able to cover You. The cover We provide is not a substitute for local compulsory health insurance.

31. Withdrawal of Policy

- i. In the likelihood of this Policy/product being withdrawn in future, the Company will intimate the Insured about the same 90 days prior to expiry of the Policy Period.
- ii. Insured will have the option to Migrate to similar Policy, if available, with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of Waiting Period as per IRDAI guidelines, provided the Policy has been maintained without a break.
- iii. If the Company has no alternative or similar products then the Insured may opt for any Health Indemnity products available with the Company with all the accrued continuity benefits such as cumulative bonus, waiver of Waiting Period as per IRDAI guidelines, provided the Policy has been maintained without a break.

32. Endorsements (Changes in Policy)

- i. This Policy constitutes the complete contract of insurance. This Policy cannot be modified by anyone (including an insurance agent or broker) except the Company. Any change made by the Company shall be evidenced by a written endorsement signed and stamped.
- ii. The Policyholder may be changed only at the time of renewal. The new Policyholder must be the legal heir/immediate family member of Policyholder. Such change would be subject to acceptance by the Company and payment of premium (if any). The renewed Policy shall be treated as having been renewed without break.
- iii. The Policyholder may be changed during the Policy Period only in case of his/her demise or him/her moving out of India.

33. Terms and conditions of the Policy

The terms and conditions contained herein and in the Policy Schedule shall be deemed to form part of the Policy and shall be read together as one document.

GLOBAL HEALTH CARE**34. Change of Sum Insured**

Sum Insured can be changed (increased/ decreased) only at the time of renewal or at any time, subject to underwriting by the Company. For any increase in SI, the waiting period shall start afresh only for the enhanced portion of the Sum Insured.

35. Sum Insured Enhancement:

- i. The Insured can apply for enhancement of Sum Insured at the time of renewal. You can apply for enhancement of Sum Insured by submitting a fresh proposal form to the Company.
- ii. The acceptance of enhancement of Sum Insured would be at the discretion of the Company, based on the health condition of the Insured(s) & claim history of the Policy.
- iii. All waiting periods as defined in the Policy shall apply for this enhanced Sum Insured limit from the effective date of enhancement of such Sum Insured considering such Policy Period as the first Policy with the Company.

36. Inclusion of members under the Policy:

Where an Insured is added to this Policy, either by way of Endorsement or at the time of renewal, the pre-existing disease clause, exclusions and waiting periods will be applicable considering such Policy Year as the first year of Policy with the Company for the New/included Insured.

37. Territorial Limits & Governing Law (for Domestic Cover only):

- i. We cover medical expenses for treatment availed within India only. Our liability to make any payment shall be to make payment within India and in Indian Rupees only.
- ii. The Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by Us, which approval shall be evidenced by an Endorsement on the Schedule.
- iii. The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian law. The section headings of this Policy are included for descriptive purposes only and do not form part of this Policy for the purpose of its construction or interpretation.
- iv. Subject to Arbitration clause, the competent court in India shall have exclusive jurisdiction under this Policy.

38. Territorial Limits & Governing Law (for International Cover only):

- i. We cover medical expenses for treatment availed World-wide outside of India (including or excluding USA as specified in the Policy Schedule).
- ii. You may specify the currency You wish to be paid in. On rare occasions, We may not be able to make a payment in that currency due to international banking regulations. If this happens, We will identify a suitable alternative currency. If We have to make a conversion from one currency to another, We will use the exchange rate that applied on the date the invoices were issued, or on the date that We pay Your claim.
- iii. Please note that We reserve the right to choose which currency exchange rate to apply.
- iv. The Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by Us, which approval shall be evidenced by an Endorsement on the Schedule.
- v. Your Policy is exclusively governed by the Indian Law and Indian Courts jurisdiction.
- vi. The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian law. The section headings of this Policy are included for descriptive purposes only and do not form part of this Policy for the purpose of its construction or interpretation

39. Economic sanctions (for International Cover only):

Cover is not provided if any element of the cover ,benefit, activity, business or underlying business violates any applicable sanction law or regulations of the United Nations, the European Union or any other applicable economic or trade sanction law or regulations.

40. Circumstances outside Our control (force majeure):

We will always do Our best for You, but We are not liable for delays or failures in Our obligations to You caused by things which are outside of Our reasonable control. Examples are extremely severe weather, floods, landslides, earthquakes, storms, lightning, fire, subsidence, epidemics, acts of terrorism, outbreaks of military hostilities (whether or not war is declared), riots, explosions, strikes or other labour unrest, civil disturbances, sabotage and expropriation by governmental authorities.

41. The wordings "The Policyholder may be changed during the Policy Period only in case of his/her demise or him/her moving out of India." In the Standard Terms and Conditions shall not be applicable to this Policy as this Policy also covers the international Health coverage.

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42. Additional conditions as to Migration and or Portability:

- Migration and or Portability will be allowed only if the Insured is having the existing health policy which covers both the Domestic and International health cover.
- If the Insured has an existing Domestic Health Indemnity Policy and wants to opt for Global Health Care Policy, then the Global Health Care Policy will be provided but accrued continuity benefits such as cumulative bonus, waiver of Waiting Period as per IRDAI guidelines, provided the Policy has been maintained without a break will be available only for Domestic Health Indemnity Covers.

43. Discounts

- Employee Discount: 20% discount on published premium rates to employees of Bajaj Allianz & its group companies, this discount is applicable only if the Policy is booked in direct code.
- Online/Direct Business Discount: Discount of 5% will be offered in this product for policies underwritten through direct/online channel.
Note: this discount is not applicable for Employees who get employee discount.
- Family Discount: 5% family discount shall be offered if 2 or more eligible Family Members are covered under a single Policy.
- Voluntary Deductible: The customer can opt for aggregate deductible on International Inpatient Benefits and avail discount as below.

Deductible	Imperial Plan	Imperial Plus Plan
USD 500	5%	4%
USD 1000	9%	6%

SECTION E) GENERAL TERMS AND CLAUSES - STANDARD GENERAL TERMS AND CLAUSES**44. Claims Procedure for Domestic Cover**

All Claims will be settled by In house claims settlement team of the Company and no TPA is engaged. However the Company reserves to engage TPA at any time, at the sole discretion of the Company.

If You meet with any Accidental Bodily Injury or suffer an Illness that may result in a claim, then as a Cashless Facility to Our liability, You must comply with the following:

A. Cashless Claims Procedure:

Cashless treatment is only available at Network Hospitals. In order to avail of cashless treatment, the following procedure must be followed by You:

- i. For planned treatment or Hospitalization, prior to taking treatment and/or incurring Medical Expenses at a Network Hospital, You or Your representative must intimate Us 48 hours before the planned Hospitalization and request pre-authorisation by way of the written form.
- ii. After considering Your request and after obtaining any further information or documentation We have sought, We may, if satisfied, send You or the Network Hospital, an authorisation letter. The authorisation letter, the ID card issued to You along with this Policy and any other information or documentation that We have specified must be produced to the Network Hospital identified in the pre-authorization letter at the time of Your admission to the same.
- iii. If the procedure above is followed, You will not be required to directly pay for the bill amount in the Network Hospital that We are liable under Section AI-Inpatient Hospitalization Treatment above and the original bills and evidence of treatment in respect of the same shall be left with the Network Hospital. Pre-authorisation does not guarantee that all costs and expenses will be covered. We reserve the right to review each claim for Medical Expenses and accordingly coverage will be determined according to the terms and conditions of this Policy.
- iv. In case any treatment or procedure is to be taken on an Emergency basis, You or Your representative must intimate Us in writing immediately within 24 hours of Hospitalization.

B. Reimbursement Claims Procedure:

If Pre-authorisation as per Cashless Claims Procedure above is denied by Us or if treatment is taken in a Hospital other than a Network Hospital or if You do not wish to avail Cashless Facility, then:

- i. You or someone claiming on Your behalf must inform Us in writing immediately within 48 hours of Hospitalization in case of Emergency Hospitalization and 48 hours prior to Hospitalization in case of planned Hospitalization
- ii. You must immediately consult a Medical Practitioner and follow the advice and treatment that he recommends.
- iii. You must take reasonable steps or measures to minimize the quantum of any claim that may be made under this Policy.
- iv. You must have Yourself examined by Our medical advisors if We ask for this, and as often as We consider this to be necessary at Our cost.

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- v. You or someone claiming on Your behalf must promptly and in any event within 30 days of discharge from a Hospital give Us the documentation as listed out in greater detail below and other information We ask for to investigate the claim or Our obligation to make payment for it.
- vi. In the event of the death of the Insured, someone claiming on his behalf must inform Us in writing immediately and send Us a copy of the post mortem report (if any) within 30 days*
- vii. If the original documents are submitted with the co-insurer, the Xerox copies attested by the co-insurer should be submitted

*Note: In case You are claiming for the same event under an indemnity based Policy of another insurer and are required to submit the original documents related to Your treatment with that particular insurer, then You may provide Us with the attested Xerox copies of such documents along with a declaration from the particular insurer specifying the availability of the original copies of the specified treatment documents with it.

**Note: Waiver of conditions (i) and (vi) may be considered in extreme cases of hardship where it is proved to Our satisfaction that under the circumstances in which You were placed, it was not possible for You or any other person to give notice or file claim within the prescribed time limit.

List of Claim documents:

- Claim form with NEFT details & cancelled cheque duly signed by Insured
- Original/Attested copies of Discharge Summary / Discharge Certificate / Death Summary with Surgical & anesthetics notes
- Attested copies of Indoor case papers, if available
- Original/Attested copies Final Hospital Bill with break up of surgical charges, surgeon's fees, OT charges etc
- Original Paid Receipt against the final Hospital Bill.
- Original bills towards Investigations done / Laboratory Bills.
- Original/Attested copies of Investigation Reports against Investigations done.
- Original bills and receipts paid for the transportation from Registered Ambulance Service Provider. Treating Medical Practitioner certificate to transfer the Injured person to a higher medical centre for further treatment (if Applicable).
- Cashless settlement letter or other Company settlement letter
- First consultation letter for the current ailment.
- In case of implant surgery, invoice & sticker.

Please send the documents on below address
 Bajaj Allianz General Insurance Company Ltd
 2nd Floor, Bajaj Finserv Building,
 Behind Weikfield IT park,
 Off Nagar Road, Viman Nagar
 Pune 411014| Toll free: 1800-103-2529, 1800-22-5858

45. Claims Procedure for International Cover- Reimbursement Claims and Pre-authorization Process for International Cover

A. Medical claims

Before submitting a claim to Us, please pay attention to the following points:

- **Claiming deadline:** You must submit all claims no later than 30 days after the date of discharge from the Hospital.
- **Claim Submission:** You must submit a separate claim for each person claiming and for each medical condition being claimed for.
- **Supporting documents:** When You send Us copies of supporting documents (e.g. medical receipts), please make sure You keep the originals. We have the right to request original supporting documents/receipts for auditing purposes up to 12 months after settling Your claim. We may also request proof of payment by You (e.g. a bank or credit card statement) for medical bills You have paid. We advise that You keep copies of all correspondence with Us as We cannot be held responsible for correspondence that fails to reach Us for any reason outside of Our control.
- **Deductibles:** If the amount You are claiming is less than the Deductible figure in Your plan, You can Send Us each claim every time You receive treatment. Once You reach the Deductible amount, We'll start reimbursing You.
 Attach all supporting receipts and/or invoices with Your claim.

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- **Currency:** Please specify the currency You wish to be paid in. On rare occasions, We may not be able to make a payment in that currency due to international banking regulations. If this happens, We will identify a suitable alternative currency. If We have to make a conversion from one currency to another, We will use the exchange rate that applied on the date the invoices were issued, or on the date that We pay Your claim. Please note that We reserve the right to choose which currency exchange rate to apply.
- **Reimbursement:** We will only reimburse (within the limit of Your Policy) eligible costs after considering any Treatment Guarantee requirements, Deductibles or co-payments outlined in the Table of Benefits.
- Reasonable and customary cost:** We will only reimburse charges that are reasonable and customary in accordance with standard and generally accepted medical procedures. If We consider a claim to be inappropriate, We reserve the right to decline Your claim or reduce the amount We pay.
- **Deposits:** If You have to pay a deposit in advance of any medical treatment, We will reimburse this cost only after treatment has taken place. This is only applicable where deposit amount was deducted from the final bill issued by the medical provider to us.
- **Providing information:** You and Your dependants agree to help Us get all the information We need to process a claim. We have the right to access all medical records and to have direct discussions with the medical provider or the treating Doctor. We may, at Our own expense, request a medical examination by Our Doctors if We think it's necessary. All information will be treated confidentially. We reserve the right to withhold benefits if You or Your dependants do not support Us in getting the information We need.

B. Seeking treatment?

We understand that seeking treatment can be stressful. Follow the steps below so We can look after the details – while You concentrate on getting better.

Check Your level of cover

First, check that Your plan covers the treatment You are seeking. Your Table of Benefits will confirm what is covered. However, You can always call Our Helpline if You have any queries.

24/7 International Helpline number +353 1 630 1301

Some treatments require Our pre-approval

Certain benefits under this policy for International Cover would require You to seek pre-approval at least 72 hours prior to admission or availing the benefit in case of planned treatments. The pre-approval process helps Us assess each case, organize everything with the Hospital before Your arrival and make direct payment of Your Hospital bill easier, where possible. If You make a claim without obtaining Our pre-approval the following will apply:

- i. If the treatment received is subsequently proven to be medically unnecessary, We reserve the right to decline Your claim in accordance with the policy terms and conditions
- ii. If the treatment is subsequently proven to be medically necessary, we will process the claim basis on reasonable and customary expenses up to 80% of the coverage, subject to the policy terms and conditions.

List of coverage which require prior approval are as below.

- i. In-patient Hospitalization Treatment (Section C, Part B,I-1)
- ii. Day Care Procedures (Section C, Part B,I-5)
- iii. Living Donor Medical Costs (Section C, Part B,I-6)
- iv. Mental Illness Treatment (Section C, Part B,I-9)
- v. Accommodation costs for one parent staying in Hospital with an Insured child under 18 years of age (Applicable to Imperial Plus Plan only) (Section C, Part B,I-11)
- vi. Palliative care (Applicable to Imperial Plus Plan only) (Section C, Part B,I-16)

Claiming for Your out-patient, dental and other expenses

If Your treatment does not require Our pre-approval, You can simply pay the bill and claim the expenses from Us. In this case, follow these steps:

1. Receive Your medical treatment and pay the medical provider.
2. Get an invoice from Your medical provider. (*This should state Your name, treatment date(s), the diagnosis/medical condition that You received treatment for, the date of onset of symptoms, the nature of the treatment and the fees charged.*)
3. Claim back Your eligible costs via Our MyHealth app or online portal (www.allianzcare.com/en/myhealth). Simply enter a few key details, add Your invoice(s) and press 'submit'.

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Getting Inpatient treatment

Download a Treatment Guarantee Form from Our website: www.allianzcare.com/members (*Link provided is subject to change. Final version to be communicated to members upon Policy issuance*)

Complete the form and send it to Us at **least five working days** before treatment. You can send it by email, fax or post to the address shown on the form.

We contact the Hospital to organise payment of Your bill directly, where possible.

We can also take Treatment Guarantee Form details over the phone if treatment is taking place within 72 hours.

Please note that We may decline Your claim if pre-approval is not obtained.

If it's an Emergency:

Get the Emergency treatment You need and call Us if You need any advice or support.

If You are Hospitalised, either You, Your Doctor, one of Your dependants or a colleague needs to call Our Helpline (within 48 hours of the Emergency) to inform Us of the Hospitalisation. We can take Treatment Guarantee Form details over the phone when You call Us.

24/7 International Helpline number +353 1 630 1301

46. Conditions Precedent

Where this Policy requires You to do or not to do something, then the complete satisfaction of that requirement by You or someone claiming on *Your* behalf is a precondition to any obligation We have under this Policy. If You or someone claiming on *Your* behalf fails to completely satisfy that requirement, then We may refuse to consider *Your* claim.

47. Insured

Only the Insured mentioned in the Policy Schedule shall be covered under the Policy. Cover under the Policy shall be withdrawn from Insured upon such Insured giving 15 days written notice to be received by Us.

48. Additional Conditions for Fraud: in case of Fraud, the premium paid shall be forfeited**49. Communications**

Any communication meant for Us must be in writing and be delivered to Our address shown in the Policy Schedule. Any communication meant for You will be sent by Us to *Your* address shown in the Policy Schedule.

50. Claim Assistance:-

In event of a claim during the Insured's overseas trip, He/She shall contact on Our toll-free numbers or email ids available on Policy Wording. We provide assistance through Our In house Team or may seek assistance from overseas assistance partners.

51. Nationality:

Indian nationals residing in India would be considered for this Policy.

52. Additional conditions for Arbitration:

- i. If any dispute or difference shall arise as to the quantum to be paid under the Policy, (liability being otherwise admitted) such difference shall independently of all other questions, be referred to the decision of a sole arbitrator to be appointed in writing by the parties here to or if they cannot agree upon a single arbitrator within thirty days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising 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, as amended by Arbitration and Conciliation (Amendment) Act, 2015 (No. 3 of 2016).
- ii. It is clearly agreed and understood that no difference or dispute shall be preferable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of the Policy.
- iii. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon the Policy that award by such arbitrator/arbitrators of the amount of expenses shall be first obtained.
- iv. It is also hereby further expressly agreed and declared that if the Insurer shall disclaim/repudiate the claim and the liability to the Insured/Insured's Legal Heirs for any claim under the Policy issued to the Insured, and such claim shall not, within 12 calendar months from the date of such disclaimer/repudiation have been made the subject matter of a suit or proceeding before a competent Court of law in India or any other competent statutory forum/tribunal in India, then all benefits/indemnities under the Policy shall be forfeited and the rights of Insured shall stand extinguished and the liability of the Insurer shall also stand discharged.

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- v. The seat and venue of the Arbitration shall be Pune. This condition remains valid, should the Policy become void.
- vi. In the event that the Arbitration provisions shall be held to be invalid then all such disputes or differences shall be referred to the exclusive jurisdiction of the Indian Courts subject to other Terms and Conditions of the Policy.

53. Additional Grievance Redressal Procedure

Welcome to Bajaj Allianz and Thank You for choosing Us as Your Insurer.

The Company has always been known as a forward-looking customer centric organization. It takes immense pride in its approach of "Caringly Yours". To provide You with top-notch service on all fronts, the Company has provided with multiple platforms via which You can always reach out to Us at below mentioned touch points

1. Our toll-free number 1-800-209- 5858 or 020-30305858, say Say "Hi" on WhatsApp on +91 7507245858
2. Branches for resolution of Your grievances / complaints, the Branch details can be found on Our website www.bajajallianz.com/branch-locator.html
3. Register Your grievances / complaints on Our website www.bajajallianz.com/about-Us/customer-service.html
4. E-mail
 - a) Level 1 Write to bajichelp@bajajallianz.co.in and for senior citizens to seniorcitizen@bajajallianz.co.in
 - b) Level 2 In case You are not satisfied with the response given to You at Level 1 You may write to Our Grievance Redressal Officer at ggro@bajajallianz.co.in
 - c) Level 3 If in case, Your grievance is still not resolved, and You wish to talk to Our care specialist, please give a missed call on +91 80809 45060 OR SMS To 575758 and Our care specialist will call You back
5. If You are still not satisfied with the decision of the Insurance Company, You may approach the Insurance Ombudsman, established by the Central Government for redressal of grievance. Detailed process along with list of Ombudsman offices are available at www.cioins.co.in/ombudsman.html

Grievance Redressal Cell for Senior Citizens

Senior Citizen Cell for Insured Beneficiary who are Senior Citizens

'Good things come with time' and so for Our customers who are above 60 years of age We have created special cell to address any health insurance related query. Our senior citizen customers can reach Us through the below dedicated channels to enable Us to service them promptly

Health toll free number: 1800-103-2529

Exclusive Email address: seniorcitizen@bajajallianz.co.in

Complaints and dispute resolution procedure for International Cover

Our Helpline is always the first number to call if You have any comments or complaints. If We can't resolve the problem on the phone, please email or write to Us:

[For designer Phone icon] +353 1 630 1301

[For designer Email icon:] client.services@allianzworldwidecare.com

[For designer Address Icon:] Customer Advocacy Team, Allianz Care, 15 Joyce Way, Park West Business Campus, Nangor Road, Dublin 12, Ireland.

We will handle Your complaint according to Our internal complaint management procedure. For details see:

[For designer web icon:] www.allianzcare.com/complaints-procedure

You can also contact Our Helpline to obtain a copy of this procedure.

The contact details of the ombudsman offices are mentioned below

Office Details	Jurisdiction of Office Union Territory,District)
AHMEDABAD - Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu

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Office Details	Jurisdiction of Office Union Territory,District)
BENGALURU - Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka.
BHOPAL - Insurance Ombudsman Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh Chattisgarh.
BHUBANESHWAR - Insurance Ombudsman Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455 Email: bimalokpal.bhubaneswar@cioins.co.in	Orissa.
CHANDIGARH - Insurance 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 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir,Ladakh & Chandigarh.
CHENNAI - Insurance Ombudsman Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, PuducherryTown and Karaikal (which are part of Puducherry)
DELHI - Insurance Ombudsman Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.
GUWAHATI - Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM).	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.

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Office Details	Jurisdiction of Office Union Territory,District)
Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwhati@cioins.co.in	
HYDERABAD - Insurance Ombudsman Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
JAIPUR - Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan.
ERNAKULAM – Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
KOLKATA – Insurance Ombudsman Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW – Insurance Ombudsman Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdara, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar..
MUMBAI - Insurance Ombudsman Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/29/30/31 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).
NOIDA - Insurance Ombudsman Office of the Insurance Ombudsman, Bhagwan Sahai Palace	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi,

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Office Details	Jurisdiction of Office Union Territory,District)
4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA - Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand.
PUNE - 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@cioins.co.in	Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).

Note: Address and contact number of Governing Body of Insurance Council

Executive Council Of Insurers, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054.

Tel.: 022 - 69038801/03/04/05/06/07/08/09

Email: inscoun@cioins.co.in

Annexure I- List of Day Care Procedures

ENT	General Surgery
1 Stapedotomy	204 Infected Keloid Excision
2 Myringoplasty(Type I Tympanoplasty)	205 Incision of a pilonidal sinus / abscess
3 Revision stapedectomy	206 Axillary lymphadenectomy
4 Labyrinthectomy for severe Vertigo	207 Wound debridement and Cover
5 Stapedectomy under GA	208 Abscess-Decompression
6 Ossiculoplasty	209 Cervical lymphadenectomy
7 Myringotomy with Grommet Insertion	210 infected sebaceous cyst
8 Tympanoplasty (Type III)	211 Inguinal lymphadenectomy
9 Stapedectomy under LA	212 Incision and drainage of Abscess
10 Revision of the fenestration of the inner ear.	213 Suturing of lacerations
11 Tympanoplasty (Type IV)	214 Scalp Suturing
12 Endolymphatic Sac Surgery for Meniere's Disease	215 Infected lipoma excision
13 Turbinectomy	216 Maximal anal dilatation
14 Removal of Tympanic Drain under LA	217 Piles
15 Endoscopic Stapedectomy	A)Injection Sclerotherapy
16 Fenestration of the inner ear	B)Piles banding
17 Incision and drainage of perichondritis	218 Liver Abscess- catheter drainage
18 Septoplasty	219 Fissure in Ano- fissurectomy
19 Vestibular Nerve section	220 Fibroadenoma breast excision
20 Thyroplasty Type I	221 OesophagealvaricesSclerotherapy

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21 Pseudocyst of the Pinna - Excision	222 ERCP - pancreatic duct stone removal
22 Incision and drainage - Haematoma Auricle	223 Perianal abscess I&D
23 Tympanoplasty (Type II)	224 Perianal hematoma Evacuation
24 Keratosis removal under GA	225 Fissure in anosphincterotomy
25 Reduction of fracture of Nasal Bone	226 UGI scopy and Polypectomyoesophagus
26 Excision and destruction of lingual tonsils	227 Breast abscess I& D
27 Conchoplasty	228 Feeding Gastrostomy
28 Thyroplasty Type II	229 Oesophagoscopy and biopsy of growth oesophagus
29 Tracheostomy	230 UGI scopy and injection of adrenaline, sclerosants - bleeding ulcers
30 Excision of Angioma Septum	231 ERCP - Bile duct stone removal
31 Turbinoplasty	232 Ileostomy closure
32 Incision & Drainage of Retro Pharyngeal Abscess	233 Colonoscopy
33 UvuloPalatoPharyngoPlasty	234 Polypectomy colon
34 Palatoplasty	235 Splenic abscesses Laparoscopic Drainage
35 Tonsillectomy without adenoidectomy	236 UGI SCOPY and Polypectomy stomach
36 Adenoidectomy with Grommet insertion	237 Rigid Oesophagoscopy for FB removal
37 Adenoidectomy without Grommet insertion	238 Feeding Jejunostomy
38 Vocal Cord lateralisation Procedure	239 Colostomy
39 Incision & Drainage of Para Pharyngeal Abscess	240 Ileostomy
40 Transoral incision and drainage of a pharyngeal abscess	241 colostomy closure
41 Tonsillectomy with adenoidectomy	242 Submandibular salivary duct stone removal
42 Tracheoplasty Ophthalmology	243 Pneumatic reduction of intussusception
43 Incision of tear glands	244 Varicose veins legs - Injection sclerotherapy
44 Other operation on the tear ducts	245 Rigid Oesophagoscopy for Plummer vinson syndrome
45 Incision of diseased eyelids	246 Pancreatic Pseudocysts Endoscopic Drainage
46 Excision and destruction of the diseased tissue of the eyelid	247 ZADEK's Nail bed excision
47 Removal of foreign body from the lens of the eye.	248 Subcutaneous mastectomy
48 Corrective surgery of the entropion and ectropion	249 Excision of Ranula under GA
49 Operations for pterygium	250 Rigid Oesophagoscopy for dilation of benign Strictures
50 Corrective surgery of blepharoptosis	251 Eversion of Sac
51 Removal of foreign body from conjunctiva	a) Unilateral
52 Biopsy of tear gland	b)Bilateral
53 Removal of Foreign body from cornea	252 Lord's plication
54 Incision of the cornea	253 Jaboulay's Procedure
55 Other operations on the cornea	254 Scrotoplasty
56 Operation on the canthus and epicanthus	255 Surgical treatment of varicocele
57 Removal of foreign body from the orbit and the eye ball.	256 Epididymectomy
58 Surgery for cataract	257 Circumcision for Trauma
59 Treatment of retinal lesion	258 Meatoplasty

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60 Removal of foreign body from the posterior chamber of the eye	259 Intersphincteric abscess incision and drainage
Oncology	260 Psoas Abscess Incision and Drainage
61 IV Push Chemotherapy	261 Thyroid abscess Incision and Drainage
62 HBI-Hemibody Radiotherapy	262 TIPS procedure for portal hypertension
63 Infusional Targeted therapy	263 Esophageal Growth stent
64 SRT-Stereotactic Arc Therapy	264 PAIR Procedure of Hydatid Cyst liver
65 SC administration of Growth Factors	265 Tru cut liver biopsy
66 Continuous Infusional Chemotherapy	266 Photodynamic therapy or esophageal tumour and Lung tumour
67 Infusional Chemotherapy	267 Excision of Cervical RIB
68 CCRT-Concurrent Chemo + RT	268 laparoscopic reduction of intussusception
69 2D Radiotherapy	269 Microdochectomy breast
70 3D Conformal Radiotherapy	270 Surgery for fracture Penis
71 IGRT- Image Guided Radiotherapy	271 Sentinel node biopsy
72 IMRT- Step & Shoot	272 Parastomal hernia
73 Infusional Bisphosphonates	273 Revision colostomy
74 IMRT- DMLC	274 Prolapsed colostomy- Correction
75 Rotational Arc Therapy	275 Testicular biopsy
76 Tele gamma therapy	276 laparoscopic cardiomyotomy(Hellers)
77 FSRT-Fractionated SRT	277 Sentinel node biopsy malignant melanoma
78 VMAT-Volumetric Modulated Arc Therapy	278 laparoscopic pyloromyotomy(Ramstedt)
79 SBRT-Stereotactic Body Radiotherapy	Orthopedics
80 Helical Tomotherapy	279 Arthroscopic Repair of ACL tear knee
81 SRS-Stereotactic Radiosurgery	280 Closed reduction of minor Fractures
82 X-Knife SRS	281 Arthroscopic repair of PCL tear knee
83 Gammaknife SRS	282 Tendon shortening
84 TBI- Total Body Radiotherapy	283 Arthroscopic Meniscectomy - Knee
85 intraluminal Brachytherapy	284 Treatment of clavicle dislocation
86 Electron Therapy	285 Arthroscopic meniscus repair
87 TSET-Total Electron Skin Therapy	286 Haemarthrosis knee- lavage
88 Extracorporeal Irradiation of Blood Products	287 Abscess knee joint drainage
89 Telecobalt Therapy	288 Carpal tunnel release
90 Telecesium Therapy	289 Closed reduction of minor dislocation
91 External mould Brachytherapy	290 Repair of knee cap tendon
92 Interstitial Brachytherapy	291 ORIF with K wire fixation- small bones
93 Intracavity Brachytherapy	292 Release of midfoot joint
94 3D Brachytherapy	293 ORIF with plating- Small long bones
95 Implant Brachytherapy	294 Implant removal minor
96 Intravesical Brachytherapy	295 K wire removal
97 Adjuvant Radiotherapy	296 POP application
98 Afterloading Catheter Brachytherapy	297 Closed reduction and external fixation
99 Conditioning Radiotherapy for BMT	298 Arthrotomy Hip joint
100 Extracorporeal Irradiation to the Homologous Bone grafts	299 Syme's amputation
101 Radical chemotherapy	300 Arthroplasty
102 Neoadjuvant radiotherapy	301 Partial removal of rib

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103 LDR Brachytherapy	302 Treatment of sesamoid bone fracture
104 Palliative Radiotherapy	303 Shoulder arthroscopy / surgery
105 Radical Radiotherapy	304 Elbow arthroscopy
106 Palliative chemotherapy	305 Amputation of metacarpal bone
107 Template Brachytherapy	306 Release of thumb contracture
108 Neoadjuvant chemotherapy	307 Incision of foot fascia
109 Adjuvant chemotherapy	308 calcaneum spur hydrocort injection
110 Induction chemotherapy	309 Ganglion wrist hyalase injection
111 Consolidation chemotherapy	310 Partial removal of metatarsal
112 Maintenance chemotherapy	311 Repair / graft of foot tendon
113 HDR Brachytherapy	312 Revision/Removal of Knee cap
Plastic Surgery	313 Amputation follow-up surgery
114 Construction skin pedicle flap	314 Exploration of ankle joint
115 Gluteal pressure ulcer-Excision	315 Remove/graft leg bone lesion
116 Muscle-skin graft, leg	316 Repair/graft achilles tendon
117 Removal of bone for graft	317 Remove of tissue expander
118 Muscle-skin graft duct fistula	318 Biopsy elbow joint lining
119 Removal cartilage graft	319 Removal of wrist prosthesis
120 Myocutaneous flap	320 Biopsy finger joint lining
121 Fibro myocutaneous flap	321 Tendon lengthening
122 Breast reconstruction surgery after mastectomy	322 Treatment of shoulder dislocation
123 Sling operation for facial palsy	323 Lengthening of hand tendon
124 Split Skin Grafting under RA	324 Removal of elbow bursa
125 Wolfe skin graft	325 Fixation of knee joint
126 Plastic surgery to the floor of the mouth under GA	326 Treatment of foot dislocation
Urology	327 Surgery of bunion
127 AV fistula - wrist	328 intra articular steroid injection
128 URSL with stenting	329 Tendon transfer procedure
129 URSL with lithotripsy	330 Removal of knee cap bursa
130 CystoscopicLitholapaxy	331 Treatment of fracture of ulna
131 ESWL	332 Treatment of scapula fracture
132 Haemodialysis	333 Removal of tumor of arm/ elbow under RA/GA
133 Bladder Neck Incision	334 Repair of ruptured tendon
134 Cystoscopy & Biopsy	335 Decompress forearm space
135 Cystoscopy and removal of polyp	336 Revision of neck muscle (Torticollis release)
136 Suprapubiccystostomy	337 Lengthening of thigh tendons
137 percutaneous nephrostomy	338 Treatment fracture of radius & ulna
139 Cystoscopy and "SLING" procedure.	339 Repair of knee joint Paediatric surgery
140 TUNA- prostate	340 Excision Juvenile polyps rectum
141 Excision of urethral diverticulum	341 Vaginoplasty
142 Removal of urethral Stone	342 Dilatation of accidental caustic stricture oesophageal
143 Excision of urethral prolapse	343 PresacralTeratomas Excision
144 Mega-ureter reconstruction	344 Removal of vesical stone
145 Kidney renoscopy and biopsy	345 Excision Sigmoid Polyp

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146 Ureter endoscopy and treatment	346 Sternomastoid Tenotomy
147 Vesico ureteric reflux correction	347 Infantile Hypertrophic Pyloric Stenosis pyloromyotomy
148 Surgery for pelvi ureteric junction obstruction	348 Excision of soft tissue rhabdomyosarcoma
149 Anderson hynes operation	349 Mediastinal lymph node biopsy
150 Kidney endoscopy and biopsy	350 High Orchidectomy for testis tumours
151 Paraphimosis surgery	351 Excision of cervical teratoma
152 Injury prepuce- circumcision	352 Rectal-Myomectomy
153 Frenular tear repair	353 Rectal prolapse (Delorme's procedure)
154 Meatotomy for meatal stenosis	354 Orchidopexy for undescended testis
155 surgery for fournier's gangrene scrotum	355 Detorsion of torsion Testis
156 surgery filarial scrotum	356 Iap. Abdominal exploration in cryptorchidism
157 surgery for watering can perineum	357 EUA + biopsy multiple fistula in ano
158 Repair of penile torsion	358 Cystic hygroma - Injection treatment
159 Drainage of prostate abscess	359 Excision of fistula-in-ano
160 Orchiectomy	Gynaecology
161 Cystoscopy and removal of FB	360 Hysteroscopic removal of myoma
Neurology	361 D&C
162 Facial nerve physiotherapy	362 Hysteroscopic resection of septum
163 Nerve biopsy	363 thermal Cauterisation of Cervix
164 Muscle biopsy	364 MIRENA insertion
165 Epidural steroid injection	365 Hysteroscopic adhesiolysis
166 Glycerol rhizotomy	366 LEEP
167 Spinal cord stimulation	367 Cryocauterisation of Cervix
168 Motor cortex stimulation	368 Polypectomy Endometrium
169 Stereotactic Radiosurgery	369 Hysteroscopic resection of fibroid
170 Percutaneous Cordotomy	370 LLETZ
171 Intrathecal Baclofen therapy	371 Conization
172 Entrapment neuropathy Release	372 polypectomy cervix
173 Diagnostic cerebral angiography	373 Hysteroscopic resection of endometrial polyp
174 VP shunt	374 Vulval wart excision
175 Ventriculoatrial shunt	375 Laparoscopic paraovarian cyst excision
Thoracic surgery	376 uterine artery embolization
176 Thoracoscopy and Lung Biopsy	377 Bartholin Cyst excision
177 Excision of cervical sympathetic Chain Thoracoscopic	378 Laparoscopic cystectomy
178 Laser Ablation of Barrett's oesophagus	379 Hymenectomy(imperforate Hymen)
179 Pleurodesis	380 Endometrial ablation
180 Thoracoscopy and pleural biopsy	381 vaginal wall cyst excision
181 EBUS + Biopsy	382 Vulval cyst Excision
182 Thoracoscopy ligation thoracic duct	383 Laparoscopic paratubal cyst excision
183 Thoracoscopy assisted empyema drainage	384 Repair of vagina (vaginal atresia)
Gastroenterology	385 Hysteroscopy, removal of myoma
184 Pancreatic pseudocyst EUS & drainage	386 TURBT
185 RF ablation for barrett's Oesophagus	387 Ureterocoele repair - congenital internal
186 ERCP and papillotomy	388 Vaginal mesh For POP
187 Esophagoscope and sclerosant injection	389 Laparoscopic Myomectomy

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188 EUS + submucosal resection	390 Surgery for SUI
189 Construction of gastrostomy tube	391 Repair recto- vagina fistula
190 EUS + aspiration pancreatic cyst	392 Pelvic floor repair(excluding Fistula repair)
191 Small bowel endoscopy (therapeutic)	393 URS + LL
192 Colonoscopy ,lesion removal	394 Laparoscopic oophorectomy
193 ERCP	Critical care
194 Colonoscopy stenting of stricture	395 Insert non- tunnel CV cath
195 Percutaneous Endoscopic Gastrostomy	396 Insert PICC cath (peripherally inserted central catheter)
196 EUS and pancreatic pseudo cyst drainage	397 Replace PICC cath (peripherally inserted central catheter)
197 ERCP and choledochoscopy	398 Insertion catheter, intra anterior
198 Proctosigmoidoscopy volvulus detorsion	399 Insertion of Portacath
199 ERCP and sphincterotomy	
200 Esophageal stent placement	
201 ERCP + placement of biliary stents	
202 Sigmoidoscopy w / stent	
203 US + coeliac node biopsy	

- i) The standard exclusions and waiting periods are applicable to all of the above procedures depending on the medical condition/disease under treatment. Only 24 hours Hospitalization is not mandatory.

Annexure II:-**List I: List of Non-Medical Items**

LIST OF NON-MEDICAL ITEMS NOT PAYABLE	
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BUDS
5	CARRY BAGS
6	EMAIL / INTERNET CHARGES
7	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)
8	LAUNDRY CHARGES
9	MINERAL WATER
10	SANITARY PAD
11	TELEPHONE CHARGES
12	GUEST SERVICES
13	DIAPER OF ANY TYPE
14	TELEVISION CHARGES
15	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
16	BIRTH CERTIFICATE
17	CERTIFICATE CHARGES
18	COURIER CHARGES
19	MEDICAL CERTIFICATE

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20	MEDICAL RECORDS
21	PHOTOCOPIES CHARGES
22	SUGAR FREE Tablets
23	CREAMS POWDERS LOTIONS (TOILETRIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)
24	CONVEYANCE CHARGES
25	DIABETIC FOOT WEAR
26	PRIVATE NURSES CHARGES - SPECIAL NURSING CHARGES
27	ATTENDANT CHARGES

Annexure III: Indicative list of Modern Treatment Methods and Advancement in Technologies

- A. Uterine Artery Embolization and HIFU
- B. Balloon Sinuplasty
- C. Deep Brain stimulation
- D. Oral chemotherapy
- E. Immunotherapy- Monoclonal Antibody to be given as injection
- F. Intra vitreal injections
- G. Robotic surgeries
- H. Stereotactic radio surgeries
- I. Bronchical Thermoplasty
- J. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
- K. IONM -(Intra Operative Neuro Monitoring)
- L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered

Annexure IV: ICD codes for Mental Illness*

ICD Code	Description
F00-F09	Organic, including symptomatic, mental disorders
F20-F29	Schizophrenia, schizotypal and delusional disorders
F30-F39	Mood [affective] disorders
F40-F48	Neurotic, stress-related and somatoform disorders
F50-F59	Behavioural syndromes associated with physiological disturbances and physical factors
F60-F69	Disorders of adult personality and behaviour
F80-F89	Disorders of psychological development
F90-F98	Behavioural and emotional disorders with onset usually occurring in childhood and adolescence
F99	Unspecified mental disorder

*As per ICD-10 classification of Mental and Behavioral Disorders F10-F19 consist of Mental and behavioral disorders due to psychoactive substance use which are not covered under "Mental Illness Treatment" and hence not listed in Annexure IV: ICD codes for Mental Illness.

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GROUP DOMESTIC TRAVEL INSURANCE

CHOTGDP23004V012223

Policy Wordings

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We issue this Group insurance policy to the Proposer based on the information provided by the Proposer in the proposal form and premium paid by the Proposer. This insurance is subject to the following terms and conditions. The method of coverage and the Benefit Limits that has been opted is indicated in the Policy Schedule/Policy Certificate. The term **You/Your/Insured/Insured Person** in this document refers to the individual group members who will be treated as Insured beneficiary and the term **Proposer/Policy Holder/Group Manager/Group Organizer** in this document refers to Person/ Organisation who has signed the proposal form and in whose name the policy is issued. Also the term **Insurer/Us/Our/Company** in this document refers to **Cholamandalam MS General Insurance Company Limited**.

Master policy will be issued in the name of Group Manager and individual certificate may be issued to the beneficiaries.

1. DEFINITIONS

Any word or expression to which a specific meaning has been assigned in any part of this Policy or the Schedule/Certificate shall bear the same meaning wherever it appears in the Policy, including any subsequent endorsements to this Policy and the Policy Schedule/Certificate. Where the context permits, references to the singular shall also include references to the plural, similarly references to the male gender shall also include references to the female gender, and vice versa in both cases.

For purposes of this Policy, the terms specified below shall have the meaning set forth:

A) STANDARD DEFINITONS

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

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 is approved.

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, 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.

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/or number of days and/or number of hours as specified in the policy schedule/certificate of insurance which will apply before any benefits are payable by the Insurer. A deductible does not reduce the Sum Insured and is applicable per event up to the specified limits mentioned.

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.

Hospital means any institution established for inpatient 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

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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 24consecutive hours.

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

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

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

In Patient Care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

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 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 or appropriate authority of the country where Insured Person is availing emergency treatment outside India/ Country of origin 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 any qualified physician, specialist, or surgeon, and should not be an Immediate Family Member of the Insured Person or related to the Insured Person by way of blood, marriage, adoption, employment, or any pre-existing business relationship.

Medically Necessary Treatment means any treatment, tests, medication, stay in Hospital or part of a stay in Hospital in relation to the Insured Person which:

- i. is required for the medical management of the Illness or Injury suffered by the Insured Person;

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- ii. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- iii. 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.

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

Non- Network 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.

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. OPD to include emergency root canal treatment

Pre-existing Disease means any condition, ailment, injury or disease:

- a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the Insurer or its reinstatement or
- b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.

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.

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.

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.

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.

B) SPECIFIC DEFINITIONS

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 "**modern medicine**" and includes Ayurveda, Unani, Siddha and Homeopathy in the Indian context.

Appliances shall mean and include electrical, mechanical and electronic appliances used for household including whilst in travel use

Adventure Sports means and includes skydiving/parachuting, parasailing, hang gliding, paragliding, ballooning 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, abseiling, 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, marathon running as a non-professional, biking, races as a non-professional, any bodily contact sport or any other hazardous or potentially dangerous sport.

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Assistance Service Provider means Third Party administrator or any organization or institution appointed by the Company, for providing services to the Insured Person for an Insured Event covered.

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.

Base Sum Insured means the Sum Insured as specified in the Policy Schedule/Certificate against the respective base covers.

Burglary means theft involving entry into or exit from the Insured Person's home in India by forcible and violent means or following assault or violence or threat thereof, to the Insured Person or to any Immediate Family Member or any person residing lawfully in the Insured Person's residence, with intent to commit a felony therein and includes housebreaking.

Checked-in Baggage means each suitcase or baggage handed over by the Insured Person and accepted by a Common Carrier for transportation in the same Common Carrier in which the Insured Person is or would be travelling, and for which the Common Carrier has issued a baggage receipt to the Insured Person. Checked-in Baggage excludes all items that are carried/ transported under any contract of affreightment.

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

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.

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.

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.

Family means the Insured, his/her lawful spouse and maximum of any two dependent children up to the age of 25 years, parents, parents-in laws, siblings, children's in laws, partner

Felonious Assault means an act of violence against the Insured Person or a Travelling Companion requiring medical treatment.

Financial Emergency means a situation where in 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.

Group A group should consist of persons who assemble together with a commonality of purpose or engaging in a common economic activity like employees of a company. It includes non-employer-employee groups like employee welfare associations, co-operative society's, Group policies being taken by Government bodies for certain identifiable groups, credit/debit card/kisan credit card holders insured through the card issuance company, customers of a particular business, professional associations, borrowers/depositors of a bank, customers of a bank or aggregators, or members of any similar group being administered by a group administration wherein Insurance is being provided as an add-on benefit.

Hazardous Occupation means persons whilst working in underground mines, explosives, magazines, workers whilst involved in electrical installation with high tension supply, jockeys, circus personnel, Aircraft pilots and crew, armed

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forces personnel, artistes engaged in hazardous performances, aerial crop sprayer, Demolition contractor, explosives users, Fisherman (Seagoing, Jockey, Marine Salvager, Miner and other occupations underground, nuclear installations, Off-shore oil or gas rig worker, professional sports person, roofing contractors and all construction, maintenance and repair workers at heights in excess of 50ft/15m, saw miller, scaffolder, ship crew, steeplejack, stevedore, structural steelworker, tower crane operator, tree feller.

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.

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.

Immediate family member shall mean any member of the Insured Person's immediate family i.e the Insured Person's spouse, children, parents, parents in law, Children in law, sibling, partner or travelling companion.

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.

Insured/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. It includes foreign travelers having traveler visa.

Insured Event means an event, loss or damage specifically described as covered and for which the Insured Person is entitled to benefit/s under this Policy.

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.

Loss means loss or damage.

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

Master Policy Schedule/Policy Schedule means schedule attached to and forming part of this Policy, mentioning the details of the Proposer / Group Manager, the Sum Insured, Period and limits to which benefits under the policy would be payable.

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

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.

Period of Insurance in respect of Single Trip Policy means the period from the commencement date of the insurance cover to the Risk end Date as specified in the Policy Schedule/certificate or on the date when the insured returns to his/her usual town of residence or the date of cancellation of the insurance, whichever is earlier

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/Certificate, or expiry of the Policy or cancellation of the insurance, whichever is earlier.

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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/Certificate, the Policy documents and any endorsements attaching to or forming part hereof either on the commencement date or during the Policy Period.

Policy Certificate 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.

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

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.

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.

Sum Insured means the maximum amount of coverage, as specified in the Policy Schedule/certificate, 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 center by a medical practitioner.

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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/Certificate.

- Includes Business and Leisure trips both unless specified otherwise
- Coverage for a Trip involving travel by <>Air/Rail/Road/Water>> will be as specified in the policy schedule/Certificate
- 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.

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

Valuables means 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.

2. PERSONS WHO CAN BE INSURED:

- This Insurance is available for persons who is an employee or member of the Policyholder and his family members having a permanent place of residence in India and for whom the insurance is proposed and appropriate premium paid.
- Entry age for the member should be between 03 months to 90 years (completed age).

3. COVERAGE - BASE COVERS:

The **Policy** provides the following Base Covers. It is mandatory for the **proposer/Insured** to avail the Base Cover to be eligible for taking this Policy from Cholamandalam MS General Insurance Company Limited. Various Base and Optional Covers applicable for the **Insured** under this policy is as shown in the **Policy Schedule/Certificate**.

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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.

Claims made under any applicable cover for the **Period of Insurance** will be subject to the terms, conditions and exclusions of this Policy Wording, the availability of the **Sum Insured** for that Cover, any applicable **sub-limits** and/or **Deductibles**.

The Insurance policy will commence from the date and time as mentioned in the Policy Schedule/Certificate and end on the date and time as printed on the Policy Schedule/Certificate, unless specified otherwise under the respective cover.

Sl. No.	BASE COVERS
1	Emergency Accidental Hospitalization
2	OPD Treatment
3	Personal Accident Covers a. Accidental Death b. Permanent Total Disability (PTD) c. Permanent Partial Disability (PPD)

1. EMERGENCY ACCIDENTAL HOSPITALISATION:**a. Coverage:**

The policy shall reimburse the Reasonable and Customary Charges for Emergency Medical Expenses incurred in the Republic of India by insured for immediate medical services as an In-Patient, due to any accidental injury up to the maximum Sum Insured amount and for policy period as stated in the policy schedule. The treatment shall cover the following.

1. In-patient treatment in a local hospital at the place where the Insured is staying at the time of the event;
2. X-ray, diagnostic tests and all reasonable costs towards diagnostic methods and treatment during hospitalisation.
3. Heat therapy, physiotherapy or photo therapy and other such treatment prescribed by a Medical Practitioner requiring in-patient hospitalisation.
4. If any injury during the period necessitate curative treatment beyond duration of this insurance, the Company's liability to pay benefits within the scope of this Policy, under this cover shall extend automatically for a further period of 7 days insofar as it can be proved that transportation home is not possible. Assistance Service Provider must be notified immediately as soon as it is known that Insured / Insured Person is unfit to return to home town / home. If any new disease / illness/injury is contracted beyond duration of this Policy, treatment for the same will not be covered.

A Deductible as mentioned in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

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b. Special Exclusions to Emergency Accidental Hospitalisation:

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. Treatment which could be reasonably delayed until Insured/Insured Person's return to his /her place of permanent residence. The question of what can or what cannot be reasonably delayed will be decided jointly by the treating Medical Practitioner and the Company and shall be in accordance with accepted standards of medical care.
2. Charges in excess of reasonable and customary charges incurred for emergency treatment on account of an insured event.
3. Treatment relating to the removal of physical flaws or anomalies (cosmetic treatment or plastic surgery in any form or manner unless medically required as part of treatment for accidents and burns).
4. Expenses incurred in connection with rest or recuperation at a spa, health resort, sanatorium, convalescence home, rehabilitation measures, private duty nursing, respite care, domiciliary care, long-term nursing care, custodial care and treatment related alcoholism and drug dependency
5. Any cost relating to the insured person's pregnancy, childbirth or the consequences of either completed.
6. Any health check-ups or examinations or measures primarily carried out for diagnostic or investigative reasons for any purpose other than treatment related to an Accident
7. Any exclusion mentioned in the 'General Exclusions' section of this Policy.

2. OPD EMERGENCY MEDICAL EXPENSES:**a. Coverage:**

Out-patient (OP) treatment in case of an emergency due to accidental injury only, upto the maximum sum insured as mentioned on the policy schedule.

A Deductible as mentioned in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

This benefit will form part of Base Sum Insured.

b. Special Exclusions to OPD Emergency Medical Expenses:

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. Treatment which could be reasonably delayed until Insured/Insured Person's return to his /her place of permanent residence. The question of what can or what cannot be reasonably delayed will be decided jointly by the treating Medical Practitioner and the Company and shall be in accordance with accepted standards of medical care.
2. Charges in excess of reasonable and customary charges incurred for emergency treatment on account of an insured event.
3. Treatment relating to the removal of physical flaws or anomalies (cosmetic treatment or plastic surgery in any form or manner unless medically required as part of treatment for accidents and burns).
4. Expenses incurred in connection with rest or recuperation at a spa, health resort, sanatorium, convalescence home, rehabilitation measures, private duty nursing, respite care, domiciliary care, long-term nursing care, custodial care and treatment related alcoholism and drug dependency
5. Any cost relating to the insured person's pregnancy, childbirth or the consequences of either completed.

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6. Any health check-ups or examinations or measures primarily carried out for diagnostic or investigative reasons for any purpose other than treatment related to an Accident
7. Any exclusion mentioned in the 'General Exclusions' section of this Policy.

3. PERSONAL ACCIDENT COVERS:**a. Coverage**

The Policy shall pay the Insured/Insured Person or his/her nominee or legal representatives, as the case may be, for accidental bodily injury (whilst on a trip covered by this Policy) solely and directly caused by accidental, violent, external and visible means resulting in Accidental Death (AD) or Permanent Total Disablement (PTD) or Permanent Partial Disablement (PPD) within twelve (12) calendar months of occurrence of such injury.

In case of the unfortunate accidental death of the Insured/Insured Person, the compensation shall be paid to the nominee or legal representatives. The Sum Insured shall be the maximum liability of the Company under this benefit.

Subject to the above; the Company shall pay to the Insured/Insured Person, his/her nominee or legal representatives, as the case may be, the sum or the sums as set forth in the Table of Benefits below:

Table of Benefits	Percentage of Sum Insured payable as compensation
1. Accident Death (AD)	100%
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) above, physical separation of one entire hand shall mean separation at or above wrist and/or of the foot at or above ankle respectively.	
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%
4. 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%
Loss of Use of a hand or a foot without physical separation	50%
Loss of speech	50%
Loss of toes – all	20%

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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 little finger – three phalanges	10%
Loss of middle finger or ring finger or little finger – two phalanges	7%
Loss of middle finger or ring finger or little 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 the panel 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	

Notwithstanding anything contained in the Policy, the Company shall not be liable for compensation under more than one of the points (1) to (4) in the Table of Benefits hereinabove, in the same period of disablement of the Insured/Insured Person.

b. Special Exclusions applicable to Personal Accident Covers:

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 sleep disorders, hypnosis, tolerance and / or withdrawal symptoms due to intake of psychoactive drugs, stimulants, sedatives, narcotics, hallucinogens.
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 (Including Cabin Crew) or which occurs during parachuting except when the Insured/Insured Person is flying as a Fare Paying passenger in a multi-engine, scheduled commercial aircraft or Air Charter company.
7. Payment of compensation in respect of accidental death, injury or disablement of the Insured/Insured

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Person from;

- a. intentional self-injury, suicide, or attempted suicide.
- b. whilst under the influence of intoxication, liquor or drugs.
- c. 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.
- d. 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 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 connected with or traceable to act of terrorism or terrorist activities.
11. Any exclusion mentioned in the 'General Exclusions' section of this Policy.

c. Special Conditions applicable to Personal Accident Covers:

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 as 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 as 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 Medical Practitioner or a panel of doctor of the company or Assistance Service Provider.
4. In the event of permanent disablement, the Insured/Insured Person will be under obligation:
 - a. To have himself/herself examined by the Medical Practitioners appointed by the Company/Assistance Service Provider and the Company will pay the costs thereof
 - b. To authorize Medical Practitioner providing treatment or giving expert opinion and any other authority to supply the Company any information that may be required on the condition of the Insured/Insured Person.
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 shall be in addition to the benefits applicable under optional cover-Personal Accident - Common Carrier for Accidental Death and Permanent Total Disability, if opted.

4. GENERAL EXCLUSIONS:**(Applicable to all covers under the Policy)**

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

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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 in the policy 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 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. 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 nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority.
7. Congenital external diseases, defects or anomalies.
8. Any claim resulting or arising from or any consequential loss, directly 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.
9. 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
10. 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.
11. 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).
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. Naturopathy treatment
14. No claims will be paid for losses arising directly from manual work or hazardous occupation, self-exposure to peril or if engaging in any criminal or illegal act.

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15. 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 Optional Cover - Hijack Distress Allowance.
16. Non-medical Expenses incurred during Hospitalisation. The list of such Non-medical Expenses is placed at Annexure 3.

5. GENERAL CONDITIONS:**(Applicable to all covers under the Policy)****I. CONDITIONS PRECEDENT TO THE CONTRACT:****1. Deductible:**

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

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.

2. Applicability of covers:

Of the covers indicated in this Policy Wording and Endorsements, coverage available to the **Insured Person** will be indicated in the **Policy Certificate** along with **Sum Insured** and **Deductibles**.

3. Type of Trips Offered:

Policy shall be offered on Single Trip/ Annual Multi trip basis

a. Single Trip Policy:

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

b. Annual Multi trip Policy:

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/Certificate**

c. One-way Travel:

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/Certificate**

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

4. Policy Extension:

- a. 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.
- b. 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

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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.

- c. 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.
- d. Provided further that for an Insured, the maximum trip duration (including the extension as provided earlier) shall not exceed 365 days in total.

5. Premium Chargeable:

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.

6. Disclosure of Information:

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, misdescription or non-disclosure of any material fact by the Insured/Insured Person.

(Explanation: "Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk)

II. CONDITIONS APPLICABLE DURING THE CONTRACT**7. Obligations of the Insured/ Insured Person:**

- a) Insured/ Insured Person shall provide to the Company or the 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 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 Assistance Service Provider. For the purpose of settlement of claims only. The cost towards the medical examination shall be borne by the Company.
- c) The Company or the 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 attending 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.

8. Condition Precedent to Admission of Liability:

The terms and Conditions of the policy must be fulfilled by the Insured Person for the Company to make any payment for claim(s) arising under the policy.

9. Geography:

This Policy applies to incidents anywhere in India while travelling.

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10. No constructive Notice:

Any knowledge or information of any circumstance or condition in connection with the **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. 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 (AD); Permanent Total Disability (PTD); Permanent Partial Disablement (PPD)

12. Nomination

The Insured is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the Insured. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the Insured, the Company will pay the nominee (as named in the Policy Schedule/Policy Certificate/Endorsement (if any)) and in case there is no subsisting nominee, to the legal heirs or legal representatives of the Insured whose discharge shall be treated as full and final discharge of its liability under the policy.

13. Fraud

If any claim made by the Insured Person, 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 person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

- a) the suggestion, as a fact of that which is not true and which the insured person does not believe to be true;
- b) the active concealment of a fact by the insured person having knowledge or belief of the fact;
- c) any other act fitted to deceive; and
- d) any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

III. CONDITIONS WHEN A CLAIM ARISES

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14. 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 Assistance Service Provider giving details of the Policy issued to him/her. The details of phone numbers and Helpline are given in the Schedule/Certificate attached to this Policy.
2. The Insured Person or his representative shall provide to the 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. Assistance Service Provider shall assist the Insured Person in getting admitted in to a hospital / getting treatment from a Medical Practitioner as an outpatient.
3. 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 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 Assistance Service Provider and request them to contact them.
4. All necessary claim documents should be furnished to the Company/ 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.
5. If proper intimation is given, the Assistance Service Provider shall give a cashless authorisation to the hospital / other providers for the costs of hospitalization under Scope of Coverage under the Policy. These costs will be settled directly by the Assistance Service Provider on behalf of and for the account of the Company. The Insured Person shall release Medical Practitioners/hospital contacted by Assistance Service Provider from their duty not to disclose information about his/her case.
6. 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 Assistance Service Provider. Please send the duly signed claim form along with all the documents to designated TPA within 30 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.
7. Where no information is given to 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 Person along with the claim form giving details of treatment and bills for expenditure to the Company or Assistance Service Provider. After examining the facts and establishing the liability, in consultation and with the approval of the Company, 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.
8. Besides where the Insured Person and 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.

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9. 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.
10. The total loss of checked- in baggage caused by the Common Carrier (airlines) must be reported to the Common Carriers 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 Assistance Service Provider.
11. Loss of Gadgets 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 Assistance Service Provider.
12. Failure to comply with the claims procedure stated above in respect of Total Loss of Checked-in Baggage and, Gadgets, may prejudice the claim of the Insured Person.
13. Claims for reimbursement shall be submitted to the Company or 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.
14. The Insured Person shall provide 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 Assistance Service Provider / the Company proof shall be furnished of the actual commencement of the trip abroad.
15. If requested to do so by Assistance Service Provider / the Company, the Insured Person shall authorise 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.
16. If requested to do so by Assistance Service Provider / the Company, the Insured Person is obliged to undergo a medical examination by a Medical Practitioner designated by Assistance Service Provider / the Company.
17. In case of any claim under Personal Liability, proof of judicial decision rendered by a Court of Law may be required.
18. In case of any accident giving rise to a claim under the Personal Accident section of the Policy, the 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 claim documents listed in the policy wordings to the Company or Assistance Service Provider.
19. 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.
20. 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.

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15. Claim Settlement:

1. Reimbursement of claims shall be in India, in Indian Rupees.
2. We shall settle claims, including its rejection, within thirty days of the receipt of last 'necessary' document.
3. However, where the circumstances of a claim warrant an investigation in the opinion of the insurer, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, Insurer shall settle the claim within 45 days from the date of receipt of last necessary document.
4. In case of delay in the payment, the Company shall be liable to pay penal interest at a rate which is 2% above the Bank rate prevalent at the beginning of the financial year in which the claim is reviewed.

16. Claim Documentation:

Claim documents as detailed in Annexure II – Claim Documentation is to be submitted along with the copy of Policy Certificate and duly filled and signed claim form by the Insured Person or Nominee or Legal heir.

- KYC of the Insured for other than death claim and KYC of the nominee / legal heir in case of death claim
- Account details with proof for NEFT of the Insured for other than death claim and KYC of the nominee/legal heir in case of death claim i.e. cancelled cheque, passbook copy

17. 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

18. 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 Person be permitted at all reasonable times to examine into the circumstances of such loss. The 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.

19. Electronic Transaction:

The 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,

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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 Person; Any voice transaction shall be duly recorded, with the consent of the Insured Person and the recordings shall be maintained by or on behalf of the Company and shall be made available to the **Insured Person** for subsequent validation/confirmation of the **Insured Person**, if so required.

20. 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 Disability – Common Carrier, Daily allowance in case of Hospitalization Sections.

21. 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.

IV. CONDITIONS FOR RENEWAL OF THE CONTRACT**22. Renewal:**

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 Policy Holder / 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, Coverage will not be available during the grace period.

23. Possibility of Revision of Terms of the policy including the Premium Rates:

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The company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.

24. Policy Withdrawal and Migration:

- a. In the likelihood of this policy being withdrawn in future, the Company will inform the same to the Policy Holder / Insured at least 3 months prior to expiry of the policy.
- b. Policy Holder/Insured will have the option to migrate to other plan under similar travel insurance policy, if available with the Company, at the time of renewal (in case of Annual policies), provided the policy has been maintained without a break.

25. Enhancement of Sum Insured:

During currency of the policy, no change of plan or Sum Insured is allowed.

26. 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 Policy Holder/Insured Person at his last known address. The Company shall exercise its right to cancel only in case of fraud, 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 Policy Holder/ 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 Policy Holder/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 Person up to the date of cancellation of this Policy.

Short Period Scale	
Policy Period Up to	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
Up to 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 Person returns back to his/her usual town of residence earlier than the end date of the Period of Insurance of the Policy. Refund of premium for the days between the return to the usual town of residence and the end date of the Period of Insurance as mentioned in the Policy Schedule/Policy Certificate 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

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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.

27. 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.

28. Arbitration:

- a. Any dispute or difference between the Insurer and the Insured Person or the Policyholder will be resolved in accordance with Arbitration & Conciliation Act 1996 or any modification or amendment of it. The arbitration proceedings shall be conducted in the English language.
- b. It is agreed as a condition precedent to any right of action or suit on this Policy that a final arbitration award shall be first obtained.
- c. If this arbitration clause is held to be invalid in whole or in part, then all disputes shall be referred to the exclusive jurisdiction of Chennai Courts.

6.GRIEVANCES REDRESSAL MECHANISM

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

Website : www.cholainsurance.com

Toll free : 1800 208 9100

E-Mail : customercare@cholams.murugappa.com

Fax : 044 -4044 5550

Courier : **Cholamandalam MS General Insurance Company Limited, Customer services, Head Office Dare House 2nd floor, No 2 N.S.C. Bose Road, Chennai 600 001**

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

If insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at GRO@cholams.murugappa.com

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

If any Grievances / issues on Health insurance related claims pertaining to Senior Citizens, Insured can register the complaint / grievance in 'Senior Citizen Channel' which shall be processed on Fast Track Basis by dedicated personnel.

If You have not received any reply from us within 3 days from the date of the lodgement of complaint or if You are not satisfied with the reply of the Company, you can contact the IRDA Grievance Call Centre at the toll free no. 155255 or email at complaints@irda.gov.in for registering the grievance or the nearest Insurance Ombudsman Office. For Ombudsman list please visit <https://www.cioins.co.in/ombudsman.html>

Grievance may also be lodged at IRDAI Integrated Grievance Management system <https://igms.irda.gov.in/>

Areas of Jurisdiction	Office of the Insurance Ombudsman
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CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITEDRegistered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

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Gujarat, UT of Dadra and Nagar Haveli, Daman and Diu	Office of the Insurance Ombudsman, 2 nd floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380014 Tel.: 079-27546150/27546139, Fax: 079-27546142, Email: bimalokpal.ahmedabad@ecoi.co.in
Karnataka	Office of the Insurance Ombudsman, Jeevansoudha Building, PID No.57-27-N-19, Ground Floor, 19/19, 24 th Main Road, JP Nagar, 1 st Phase, Bengaluru 560078. Tel.: 080-26652048/26652049, Email: bimalokpal.bengaluru@ecoi.co.in
Madhya Pradesh and Chhattisgarh	Office of the Insurance Ombudsman, Janakvihar Complex, 2 nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462003. Tel.: 0755-2769201/2769202, Fax.: 0755-2769203, Email.: bimalokpal.bhopal@ecoi.co.in
Odisha	Office of the Insurance Ombudsman, 62, Foresh Partk, Bhubhaneshwar – 750009. Tel.: 0674-2596461/2586455. Fax.: 0674-2596429. Email.: bimalokpal.bhubaneswar@ecoi.co.in
Punjab, Haryana, Himachal Pradesh, Jammu and Kashmir, UT of Chandigarh	Office of the Insurance Ombudsman, S.C.O. No.101, 102 & 103, 2 nd Floor, Batra Building, Sector 17-D, Chandigarh – 160017. Tel.: 0172-2706196/2706468. Fax.: 0172-2708274, Email.: bimalokpal.chandigarh@ecoi.co.in
Tamilnadu, UT-Pondicherry Town and Karaikal (which are part of UT of Pondicherry)	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4 th Floor, 453, Anna Salai, Teynampet, Chennai 600 018. Tel. 044 – 24333668/24335284. Fax. 044-24333664, Email.: bimalokpal.chennai@ecoi.co.in
Delhi	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110002. Tel. 011-23239633/23237532, Fax.011-23230858, Email.: bimalokpal.delhi@ecoi.co.in
Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura	Office of the Insurance Ombudsman, JeevanNivesh, 5 th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001 (ASSAM). Tel.: 0361-2132204/2132205, Fax.: 0361-2732937, Email.: bimalokpal.guwahati@ecoi.co.in
Andhra Pradesh, Telangana and UT of Yanam-a part of the UT of Pondicherry	Office of the Insurance Ombudsman, 6-2-46, 1 st Floor, "Moin court", Lane Opp., Saleem Function Palace, A.C. Guards, Lakdi-Ka-Pool, Hyderabad – 500004. Tel.: 040-65504123/23312122, Fax.: 040-23376599, Email.: bimalokpal.hyderabad@ecoi.co.in
Rajasthan	Office of the Insurance Ombudsman, JeevanNidhi – II Bldg, Gr. Flor, Bhawani Singh Marg, Jaipur – 302005. Tel.: 0141-2740363, Email.: Bimalokpal.jaipur@ecoi.co.in
Kerala, UT of (a) Lakshadweep, (b) Mahe-a part of UT of Pondicherry	Office of the Insurance Ombudsman, 2 nd Floor, Pulinat Bldg., Opp. Cohin Shipyard, M. G. Road, Ernakulam –

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	682015, Tel.: 0484-2358759/2359338, Fax.: 0484-2359336, Email.: bimalokpal.ernakulam@ecoi.co.in
West Bengal, UT of Andaman and Nicobar Islands, Sikkim	Office of the Insurance Ombudsman, Hindustan Bldg, Annexe, 4 th Floor, 4, C.R. Avenue, Kolkata – 700072. Tel. 033-22124339/22124340. Fax. 033-22124341, Email.: bimalokpal.kolkata@ecoi.co.in
Districts of Uttar Pradesh, Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdara, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahrach, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar	Office of the Insurance Ombudsman, 6 th Floor, Jeevanbhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow – 226001. Tel.: 0522-2231330/2231331. Fax.: 0522-2331310. Email: bimalokpal.lucknow@ecoi.co.in
Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane	Office of the Insurance Ombudsman, 3 rd Floor, Jeevanseva Annexe, S.V. Road, Santacruz (W), Mumbai – 400054. Tel.: 022-26106552/26106960. Fax: 022-26106052. Email: bimalokpal.mumbai@ecoi.co.in
State of Uttaranchal and the following districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Baudam, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur,	Office of the Insurance Ombudsman, Bhagwanshai Palace, 4 th floor, Main Road, Naya Bans, Sector 15, Distt: gautambuddh Nagar, U.P – 201301. Tel.: 0120-2514250/2514251/2514253. Email.: bimalokpal.noida@ecoi.co.in
Bihar, Jharkhand	Office of the Insurance Ombudsman, 1 st Flor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800006, Email: bimalokpal.patna@ecoi.co.in
Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region	Office of the Insurance Ombudsman, JeevanDarshan Bldg, 3 rd floor, C.T.S. No.s 195 to198, N.C. Kelkar Road, Narayan Peth, Pune-411030 Tel: 020-32341320, Email: bimalokpal.pune@ecoi.co.in

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7. COVERAGE - OPTIONAL COVERS

Notwithstanding anything to the contrary contained in the Policy, In consideration of payment of additional premium, the policy is extended to cover the optional covers listed below upto the Sum Insured's shown within the Policy Schedule/Certificate.

Endorsement no.	Optional Covers (on payment of additional premium)
1	Emergency Medical Expenses – Illness / Disease
2	Emergency Medical Evacuation & Repatriation of Mortal remains
3	Pre existing condition in Life Threatening Situation
4	Personal Accident Covers-Common Carrier
5	Dental Treatment Expenses
6	Daily Allowance in case of Hospitalization
7	Daily Allowance in case of Non - Hospitalization
8	Compassionate Visit
9	Hijack Distress Allowance (Airways)
10	Child Escort
11	Total Loss of checked in Baggage (Airways)
11A	Total Loss of checked in Baggage on Benefit Basis (Airways)
12	Delay of Checked-in Baggage (Airways)
12A	Delay of Checked-in Baggage on Benefit Basis (Airways)
13	Trip Cancellation
13A	Trip Cancellation on Benefit basis
14	Trip Interruption
14A	Trip Interruption on Benefit basis
15	Missed Connection (Airways)
15A	Missed Connection on Benefit basis (Airways)
16	Trip Delay (Airways)
16A	Trip Delay on Benefit basis (Airways)
17	Emergency accommodation due to Trip Delay (Airways)
18	Flight Delay (Airlines)
18A	Flight Delay (Airlines) on Benefit basis
19	Over Booked-Common Carrier (Airways)
19A	Over Booked-Common Carrier on Benefit basis (Airways)
20	Bounced Hotel booking
21	Travel Inconvenience
21	Travel Inconvenience on Benefit basis
22	Travel Service Supplier Insolvency
23	Car Rental Excess Insurance
24	Personal Liability
25	Legal expenses
26	Home Burglary Insurance (Contents)
27	Chola MS Bharat Griha Raksha Policy
28	Financial Emergency Assistance

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28A	Financial Emergency Assistance on Benefit basis
29	Pet Care
30	Sports Equipment cover
31	Adventure Sports
32	Cruise cover
33	Debit / Credit Card – Fraud
34	Loss of Gadgets
35	Alternate Employee/Substitute Employee Expenses
36	Loss of Deposit or Cancellation (Hotel & Airline)
37	Travel Loan Secure
38	Mobility Aids Allowance
39	Travel with Pet cover
40	Missed Departure
40A	Missed Departure on Benefit basis
41	Flight Diversion & Cancellation
41A	Flight Diversion & Cancellation on Benefit basis
42	Baggage Delay in Common carrier
42A	Baggage Delay in Common carrier on Benefit basis
43	Baggage Loss in Common carrier
43A	Baggage Loss in Common carrier on Benefit basis (Airways)
44	Loss of baggage and Personal Belongings
45	Terrorism cover
46	Key Replacement
47	Loss of Documents
48	Change Fee Coverage
49	Cyber Security
50	Identity Theft
51	Carrier Cancellation
51A	Carrier Cancellation on Benefit basis
52	Digital Camera Insurance
53	All Risk Cancellation
54	Automatic Extension for 7 Days

Endorsement no. 1. EMERGENCY MEDICAL EXPENSES-ILLNESS/DISEASES:**a. Coverage:**

The policy shall reimburse to the insured the Reasonable and Customary Charges for Emergency Medical Expenses incurred in the Republic of India by insured for immediate medical services as an in-patient due to any covered illness or disease contracted by an insured and which does not relate to his / her past medical history up to the maximum Sum Insured and for policy period as stated in the policy schedule. The treatment shall cover the following.

1. In-patient treatment in a local hospital at the place where the Insured is staying at the time of the event;
2. X-ray, diagnostic tests and all reasonable costs towards diagnostic methods and treatment during hospitalisation

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3. Radiotherapy, heat therapy, physiotherapy or photo therapy and other such treatment prescribed by a Medical Practitioner requiring in-patient hospitalisation;
4. If any disease/ illness during the period necessitate curative treatment beyond duration of this insurance, the Company's liability to pay benefits within the scope of this Policy under this cover shall extend automatically for a further period of 7 days insofar as it can be proved that transportation home is not possible. Assistance Service Provider must be notified immediately as soon as it is known that Insured / Insured Person is unfit to return to home town /home. If any new disease / illness/injury is contracted beyond duration of this Policy, treatment for the same will not be covered.

A Deductible as mentioned in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

This benefit is over and above the Base Sum Insured.

b. Special Exclusions to Emergency Medical Expenses – Illness/Diseases:

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. Treatment which could be reasonably delayed until Insured/Insured Person's return to his /her place of permanent residence. The question of what can or what cannot be reasonably delayed will be decided jointly by the treating Medical Practitioner and the Company and shall be in accordance with accepted standards of medical care.
2. Charges in excess of reasonable and customary charges incurred for emergency treatment on account of an insured event.
3. Treatment relating to the removal of physical flaws or anomalies (cosmetic treatment or plastic surgery in any form or manner unless medically required as part of treatment for accidents and burns).
4. Expenses incurred in connection with rest or recuperation at a spa, health resort, sanatorium, convalescence home, rehabilitation measures, private duty nursing, respite care, domiciliary care, long-term nursing care, custodial care and treatment related alcoholism and drug dependency
5. Any cost relating to the insured person's pregnancy, childbirth or the consequences of either completed.
6. Any health check-ups or examinations or measures primarily carried out for diagnostic or investigative reasons for any purpose other than treatment related to an Accident
7. Any exclusion mentioned in the 'General Exclusions' section of this Policy.

Endorsement no. 2 – EMERGENCY MEDICAL EVACUATION & REPATRIATION OF MORTAL REMAINS:**a. Coverage****i. Emergency Medical Evacuation:**

The Policy shall reimburse reasonable transportation charges of the Insured Person during the policy period due to an emergency accident arising out of other than pre-existing diseases and if such transportation has been prescribed by the Medical Practitioner or Assistance Service Provider.

- (a) From a Hospital where the insured was treated to another nearest hospital, provided
 1. such transportation is medically necessary
 2. such medical services provided at a Hospital where the Insured Person is situated are not satisfactory
 3. Our Assistance Company has agreed to the reimbursement of the cost of transportation in advance of the transportation, and has arranged the same.

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- (b) From a Hospital where the insured was last treated to the Insured Person's usual place of residence.

ii. Repatriation of Mortal Remains:

In the event of accidental death of the Insured/ Insured Person due to an accident, the Company shall reimburse the costs of transporting the mortal remains of the deceased Insured/Insured Person back to his/her usual place of residence within India or the cost of local burial or cremation anywhere in INDIA where the accidental death occurred.

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.

This benefit is over and above the Base Sum Insured

Endorsement no.3 – PRE-EXISTING CONDITION IN LIFE THREATENING SITUATION:**a. Coverage**

If the Insured / Insured Person contracts any disease or illness during the Policy period requiring life-saving unforeseen emergency measures for treating such illness or disease and which requires In-Patient treatment at a Hospital in an ICU due to any pre-existing condition, the Company will reimburse the medical expenses incurred for Hospitalization to the Insured/Insured Person. The treatment for these emergency measures would be paid till the Insured/Insured Person becomes medically stable, as ascertained by the treating Medical Practitioner of the hospital. All further medical costs to maintain medically stable state would have to be borne by the Insured/Insured Person;

A Deductible as mentioned in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

This benefit is over and above the Base Sum Insured.

Endorsement no.4 – PERSONAL ACCIDENT COVERS - COMMON CARRIER (AD & PTD):**a. Coverage**

The Policy will pay up to the limit of the Sum Insured for this benefit as specified in the Policy Schedule if accidental injury to the Insured/Insured Person results in loss of life or 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 also not apply while the Insured/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.

b. Special Exclusions applicable to Personal Accident Covers-Common Carrier (AD&PTD):

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 sleep disorders, hypnosis, tolerance and / or withdrawal symptoms due to intake of psychoactive drugs, stimulants, sedatives, narcotics, hallucinogens.
3. Damage to health caused by curative measures, radiation, Infection, poisoning except where these arise

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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 (Including Cabin Crew) or which occurs during parachuting except when the Insured/Insured Person is flying as a Fare Paying passenger in a multi-engine, scheduled commercial aircraft or Air Charter company.
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. 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.
 - d. 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 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 connected with or traceable to act of terrorism or terrorist activities.
11. Any exclusion mentioned in the 'General Exclusions' section of this Policy.

c. Special Conditions applicable to Personal Accident Covers-Common Carrier (AD&PTD):

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 as 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 as 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 Medical Practitioner or a panel of doctor of the company or Assistance Service Provider.
4. In the event of permanent disablement, the Insured/Insured Person will be under obligation:
 - a. To have himself/herself examined by the Medical Practitioners appointed by the Company/Assistance Service Provider and the Company will pay the costs thereof
 - b. To authorize Medical Practitioner providing treatment or giving expert opinion and any other authority to supply the Company any information that may be required on the condition of the Insured/Insured Person.
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.

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6. The benefit applicable under this Section shall be in addition to the benefits applicable under optional cover-Personal Accident - Common Carrier for Accidental Death and Permanent Total Disability, if opted.

Endorsement no.5 – DENTAL TREATMENT EXPENSES:**a. Coverage**

The Policy shall reimburse to the Insured/Insured Person expenses incurred in respect of acute anesthetic treatment of a natural tooth or teeth during a trip as an Inpatient or as an out-patient arising from an accidental injury, but not exceeding the Sum Insured specified in the Policy Certificate.

b. Specific Exclusions Applicable to Dental Treatment Expenses:

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. Treatment, which could reasonably be delayed until the Insured/ Insured Person's return. The question of what can or what cannot be reasonably delayed will be decided jointly by the treating Dentist and the Assistance Service Provider.
2. Treatment of orthopaedic, degenerative or oncological diseases,
3. Charges in excess of reasonable and customary charges as per the determination by the Assistance Service Provider.
4. Cementing or Fixation of tooth or teeth bridge/s.
5. Treatment relating to the removal of physical flaws or anomalies (cosmetic treatment or 'plastic' surgery in any form or manner).
6. Expenses incurred in connection with rest or recuperation at a spa, health resort, sanatorium, convalescence home, rehabilitation measures, private duty nursing, respite care, domiciliary care, and long- term nursing care, custodial care and treatment related alcoholism and drug dependency.
7. Any exclusion mentioned in the 'General Exclusions' section of this Policy.

A Deductible as mentioned in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

This benefit is over and above the Base Sum Insured.

Endorsement no.6 – DAILY ALLOWANCE IN CASE OF HOSPITALISATION:**a. Coverage**

The Policy will pay a fixed daily allowance upto a maximum no. of days as mentioned in the policy Schedule/Certificate, in the event of hospitalization of the Insured/Insured Person due to an emergency accident or illness arising out of other than pre-existing diseases beyond a specified number of days as mentioned in the Policy Schedule as deductible, for which a valid claim is admissible under the Policy whilst on a trip.

A Deductible as mentioned in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

This benefit is over and above the Base Sum Insured.

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b. Special Exclusions applicable to Daily Allowance in case of Hospitalisation:

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. Treatment which could be reasonably delayed until Insured/Insured Person's return to his /her place of permanent residence. The question of what can or what cannot be reasonably delayed will be decided jointly by the treating Medical Practitioner and the Company and shall be in accordance with accepted standards of medical care.
2. Charges in excess of reasonable and customary charges incurred for emergency treatment on account of an insured event.
3. Treatment relating to the removal of physical flaws or anomalies (cosmetic treatment or plastic surgery in any form or manner unless medically required as part of treatment for accidents and burns).
4. Expenses incurred in connection with rest or recuperation at a spa, health resort, sanatorium, convalescence home, rehabilitation measures, private duty nursing, respite care, domiciliary care, long-term nursing care, custodial care and treatment related alcoholism and drug dependency
5. Any cost relating to the insured person's pregnancy, childbirth or the consequences of either completed.
6. Any health check-ups or examinations or measures primarily carried out for diagnostic or investigative reasons for any purpose other than treatment related to an Accident
7. Any exclusion mentioned in the 'General Exclusions' section of this Policy.

Endorsement no.7 – DAILY ALLOWANCE IN CASE OF NON-HOSPITALISATION:**a. Coverage**

The Policy will pay a fixed allowance upto a maximum no. of days as specified in the Policy Schedule/Certificate, if an insured is treated for any injury / illness on OPD basis and his condition forbids him from travelling back to his original and usual place of residence and is confined to a location as medically suggested by the Medical Practitioner, then the insured will be paid the amount as specified in the policy schedule/certificate per day.

A Deductible as mentioned in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

This benefit is over and above the Base Sum Insured.

b. Special Exclusions to Daily Allowance in case of Non-Hospitalisation:

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. Treatment which could be reasonably delayed until Insured/Insured Person's return to his /her place of permanent residence. The question of what can or what cannot be reasonably delayed will be decided jointly by the treating Medical Practitioner and the Company and shall be in accordance with accepted standards of medical care.
2. Treatment relating to the removal of physical flaws or anomalies (cosmetic treatment or plastic surgery in any form or manner unless medically required as part of treatment for accidents and burns).
3. Treatment incurred in connection with rest or recuperation at a spa, health resort, sanatorium, convalescence home, rehabilitation measures, private duty nursing, respite care, domiciliary care, long-term nursing care, custodial care and treatment related alcoholism and drug dependency
4. Any treatment relating to the insured person's pregnancy, childbirth or the consequences of either

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completed.

5. Any health check-ups or examinations or measures primarily carried out for diagnostic or investigative reasons for any purpose other than treatment related to an Accident
6. Any exclusion mentioned in the 'General Exclusions' section of this Policy.

Endorsement no.8 – COMPASSIONATE VISIT:**a. Coverage**

In the event the Insured / Insured Person is hospitalized for more than five (5) consecutive days due to an emergency accident or illness arising out of other than pre-existing diseases for which a valid claim is admissible under Base cover-Emergency Accidental Hospitalization or optional cover, Emergency Medical Expenses – Illness / Disease (if opted) and his/her medical condition forbids repatriation and no adult member of his/her immediate family is present, the Company / Assistance Service Provider, after obtaining confirmation of need for a companion from the attending Medical Practitioner will provide:

- a) a return trip economy class air ticket, or first class railway ticket, to allow one immediate family member, to be at his/ her bedside for the duration of stay in the Hospital; and
- b) expenses towards stay of the immediate family member during such compassionate visit.

The policy will also reimburse the cost of return fare for the insured to visit his/her native place in India, in the unfortunate event of the immediate family member (spouse, dependent children, parents) being hospitalized for more than five (5 consecutive days in India or in the event of death of the immediate family member (spouse, dependent children or parents).

The Company's liability for round trip ticket and the expenses relating to this benefit shall be as per the coverage and the limits of Sum Insured specified in the Policy Schedule/Certificate.

This benefit is over and above the Base Sum Insured.

b. Special Exclusions applicable to Compassionate Visit:

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. Treatment which could be reasonably delayed until Insured/Insured Person's return to his /her place of permanent residence. The question of what can or what cannot be reasonably delayed will be decided jointly by the treating Medical Practitioner and the Company and shall be in accordance with accepted standards of medical care.
2. Charges in excess of reasonable and customary charges incurred for emergency treatment on account of an insured event.
3. Treatment relating to the removal of physical flaws or anomalies (cosmetic treatment or plastic surgery in any form or manner unless medically required as part of treatment for accidents and burns).
4. Expenses incurred in connection with rest or recuperation at a spa, health resort, sanatorium, convalescence home, rehabilitation measures, private duty nursing, respite care, domiciliary care, long-term nursing care, custodial care and treatment related alcoholism and drug dependency
5. Any cost relating to the insured person's pregnancy, childbirth or the consequences of either completed.
6. Any health check-ups or examinations or measures primarily carried out for diagnostic or investigative

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reasons for any purpose other than treatment related to an Accident

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

Endorsement no.9 – HIJACK DISTRESS ALLOWANCE (AIRWAYS):**a. Coverage**

This Section provides for payment of an allowance in the event of hijack of a common carrier in which the Insured/ Insured Person is traveling on a trip covered under this Policy as specified in the Policy Schedule/certificate.

The deductible in respect of this benefit will be applicable for each and every claim separately and shall be of the number of hours the common carrier has been under hijack, as specified in the Policy Schedule/Certificate.

b. Special Exclusions applicable to Hijack Distress Allowance (AIRWAYS):

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

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

This benefit is over and above the Base Sum Insured.

Endorsement no.10 – CHILD ESCORT:**a. Coverage**

The policy shall reimburse for the travelling expenses of Insured / Insured person's minor children aged below 17 years for return to home town up to the limit of sum Insured as specified in the policy schedule/certificate. The Insurer's liability to make payment is only in excess of the Deductible as specified in policy certificate.

- If the Insured / Insured person whilst on a Trip in India accompanied with his minor children, dies due to illness or accident covered under the policy.
- Such minor children/s is covered under this travel along with Insured / Insured Person
- Such minor children/s is not accompanied by any other adult family member.

b. Specific Exclusions applicable to Child Escort:

This benefit does not cover any other loss other than those mentioned above under the head "coverage", directly, in whole or in part, including loss caused by or resulting from any exclusion mentioned in the 'General Exclusions' section of this Policy.

This benefit is over and above the Base Sum Insured.

Endorsement no.11 – TOTAL LOSS OF CHECKED-IN BAGGAGE (AIRWAYS):**a. Coverage**

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The Policy shall reimburse 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 submitted along with the claim.

This benefit is over and above the Base Sum Insured.

b. Special Exclusions applicable to Total Loss of Checked-in Baggage (Airways):

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 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 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.

c. Special Conditions applicable to Total Loss of Checked-in Baggage (Airways):

1. The Policy will reimburse 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/Certificate 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 "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/Certificate.
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 submitted for total loss of checked-in baggage as well as under the optional covers, Delay of Checked-in Baggage (Airways), Baggage Delay in Common carrier, Baggage Loss in Common carrier (if opted), 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.

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Endorsement no.11A – TOTAL LOSS OF CHECKED-IN BAGGAGE ON BENEFIT BASIS (AIRWAYS):**a. Coverage**

The policy shall pay a fixed benefit equal to the Sum Insured as specified in the policy schedule/certificate, 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. 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 submitted along with the claim.

This benefit is over and above the Base Sum Insured.

b. Special Exclusions applicable to Total Loss of Checked-in Baggage on Benefit Basis (Airways):

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 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 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.

c. Special Conditions applicable to Total Loss of Checked-in Baggage on Benefit Basis (Airways):

1. 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 "Warsaw Convention" shall become the property of the Company.
2. 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.
3. In the event that claims are submitted for total loss of checked-in baggage as well as under the optional covers- Delay of Checked-in Baggage on Benefit Basis (Airways), Baggage Delay in Common carrier on Benefit basis, Baggage Loss in Common carrier on Benefit basis (Airways) (if opted), 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.

Endorsement no.12 – DELAY OF CHECKED-IN BAGGAGE (AIRWAYS):**a. Coverage**

The policy shall reimburse the costs of necessary emergency purchases of toiletries, medication and clothing in the event of the Insured/Insured Person suffering delay in scheduled arrival of his/her checked-in baggage caused by a common carrier while being transported during the insured trip up to the limits specified in the Policy Schedule/Certificate, provided that:

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- a. The delay of checked-in baggage is more than certain number of hours specified in the Policy Schedule/certificate as deductible which is calculated from the actual arrival time of the common carrier at the destination and relates to delivery of baggage that has been checked-in by the common carrier.
- b. Insured/ Insured Person provide the Company with a written proof of delay from the common carrier.
- c. Insured/Insured Person provides the Company with the receipts for the necessary emergency purchase of toiletries, medication and clothing that he/she needed to buy.
- d. In the event that claims are submitted for Delay of checked-in baggage as well as under the optional covers, Total loss of checked-in baggage(Airways), Baggage Delay in Common carrier, Baggage Loss in Common carrier (if opted), 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.

The cover is limited to the travel destinations specified in the main travel ticket from his/her usual place of residence and return trip back to usual place of residence along with all halts and via destinations included in the main travel ticket.

A Deductible as mentioned in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

This benefit is over and above the Base Sum Insured.

b. Special Exclusions applicable to Delay of Checked-in Baggage (Airways):

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 INR 5000 without appropriate proof of ownership.
- 5 Losses arising from any delay, detention, confiscation by the customs officials or other public authorities.
- 6 Loss due to complete/partial damage of the checked-in baggage.
- 7 Any exclusion mentioned in the "General Exclusions" section of this Policy.

c. Special Conditions applicable to Delay of Checked-in Baggage (Airways):

1. 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 "Warsaw Convention" shall become the property of the Company.

Endorsement no.12A – DELAY OF CHECKED-IN BAGGAGE ON BENEFIT BASIS (AIRWAYS):**a. Coverage**

The policy shall pay a fixed benefit as mentioned in the Policy Schedule/Certificate, in the event of the Insured/Insured Person suffering delay in scheduled arrival of his/her checked-in baggage caused by a common

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carrier while being transported during the insured trip up to the limits specified in the Policy Schedule/Certificate, provided that:

- a. The delay of checked-in baggage is more than certain number of hours specified in the Policy Schedule/certificate as deductible which is calculated from the actual arrival time of the common carrier at the destination and relates to delivery of baggage that has been checked-in by the common carrier.
- b. Insured/ Insured Person provide the Company with a written proof of delay from the common carrier.
- c. Insured/Insured Person provides the Company with the receipts for the necessary emergency purchase of toiletries, medication and clothing that he/she needed to buy.
- d. In the event that claims are submitted for Delay of checked-in Baggage as well as under the optional covers- Total loss of Checked-in Baggage on Benefit Basis (Airways), Baggage Delay in Common carrier on Benefit basis, Baggage Loss in Common carrier on Benefit basis (Airways) (if opted), 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.

The cover is limited to the travel destinations specified in the main travel ticket from his/her usual place of residence and return trip back to usual place of residence along with all halts and via destinations included in the main travel ticket.

A Deductible as mentioned in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

This benefit is over and above the Base Sum Insured.

b. Special Exclusions applicable to Delay of Checked-in Baggage on Benefit Basis (Airways):

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(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 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 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.

c. Special Conditions applicable to Delay of Checked-in Baggage on Benefit Basis (Airways):

1. 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 "Warsaw Convention" shall become the property of the Company.

Endorsement no.13 – TRIP CANCELLATION:**a. Coverage**

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In the event of cancellation of trip due to necessary and unavoidable reasons as stated below, the policy will reimburse the insured subject to limits shown in the policy schedule/certificate, for loss of personal accommodation, any sightseeing booked in advance, cruise ticket and travel charges paid or contracted to be paid by the insured, which are not recoverable from any other source, and or cost of rescheduling the tour and expenses at the destination.

1. Cancellation before the trip shall be because of the following occurring 15 days prior to the departure date as stated in the policy.
 - a) Death of Insured, Insured's Family members
 - b) Death of Brother or Sister of the insured
 - c) Serious injury, sudden sickness of Insured, insured's spouse or parent or parent in-law or child requiring hospitalization for more than 24 hrs.

b. Special Conditions applicable to Trip Cancellation

Any claim paid to the Insured Person under optional covers- Trip Interruption or Travel Inconvenience or All Risk Cancellation (if opted) shall invalidate the claim payment under this benefit.

This benefit is over and above the Base Sum Insured.

Endorsement no.13A – TRIP CANCELLATION ON BENEFIT BASIS:**a. Coverage**

In the event of cancellation of trip due to necessary and unavoidable reasons as stated below, the policy will pay a fixed benefit as specified in the policy schedule/certificate

1. Cancellation before the trip shall be because of the following occurring 15 days prior to the departure date as stated in the policy.
 - a) Death of Insured, Insured's Family members
 - b) Death of Brother or Sister of the insured
 - c) Serious injury, sudden sickness of Insured, insured's spouse or parent or parent in-law or child requiring hospitalization for more than 24 hrs.

This benefit is over and above the Base Sum Insured.

Endorsement no.14 – TRIP INTERRUPTION:**a. Coverage**

In the event of interruption of trip due to necessary and unavoidable reasons as stated below, the policy will reimburse the insured subject to limits shown in the policy schedule/certificate, for loss of prepaid expenses of the tour which remained unutilized which includes personal accommodation, sightseeing booked in advance, cruise ticket and travel charges paid and or by the insured to return to his home city and or cost of rescheduling the tour and expenses at the destination.

1. Interruption (the cutting short by early return to home city) of the trip because of:
 - a) Death, serious injury or sudden major sickness of insured insured's spouse, child, parents or parent in laws requiring hospitalization OR if the insured becomes medically unfit to continue the journey.
 - b) The hijack of an aircraft in which Insured Person is traveling as a fare paying passenger.

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- c) Death of Brother or Sister.

This benefit is over and above the Base Sum Insured.

b. Special Conditions applicable to Trip Interruption:

Any claim paid to the Insured Person under optional covers- Trip cancellation or Travel Inconvenience or All Risk Cancellation (if opted) shall invalidate the claim payment under this benefit.

Endorsement no.14A – TRIP INTERRUPTION ON BENEFIT BASIS:**a. Coverage**

In the event of interruption of trip due to necessary and unavoidable reasons as stated below, the policy will pay a fixed benefit equal to the sum insured as specified in the policy schedule/certificate, for loss of prepaid expenses of the tour which remained unutilized which includes personal accommodation, sightseeing booked in advance, cruise ticket and travel charges paid and or by the insured to return to his home city and or cost of rescheduling the tour and expenses at the destination.

1. Interruption (the cutting short by early return to home city) of the trip because of:
 - a) Death, serious injury or sudden major sickness of insured insured's spouse, child, parents or parent in laws requiring hospitalization OR if the insured becomes medically unfit to continue the journey.
 - b) The hijack of an aircraft in which Insured Person is traveling as a fare paying passenger.
 - c) Death of Brother or Sister.

This benefit is over and above the Base Sum Insured.

Endorsement no.15 – MISSED CONNECTION (AIRWAYS):**a. Coverage**

If the confirmed onward connecting flight is missed at the transfer point due to the late arrival of the incoming confirmed connecting scheduled flight and no onward transportation is made available within 2/3 hours of actual arrival time of the incoming flight, the policy will reimburse the expenses towards transportation costs to join the trip upto a maximum of the sum insured as specified in the policy schedule/certificate (must be of the same class of original tickets purchased) together with

1. expenses incurred in respect of reasonable hotel accommodation, restaurant meals or refreshments, if not provided by the carrier or other third party, subject to production of bills/ receipts;
2. non-refundable, unused portion of the pre-paid expenses as long as these expenses are supported by a proof of purchase and is not reimbursable by another source.

Such delay must be authenticated by the airline in writing.

A Deductible as mentioned in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

This benefit is over and above the Base Sum Insured.

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b. Special Exclusions applicable to Missed Connection (Airways):

This benefit does not cover any other loss other than those mentioned above under the head coverage, directly in whole or in part, including loss caused by or resulting from any exclusion mentioned in the 'General Exclusions' section of this Policy.

Endorsement no.15A – MISSED CONNECTION ON BENEFIT BASIS (AIRWAYS):**a. Coverage**

If the confirmed onward connecting flight is missed at the transfer point due to the late arrival of the incoming confirmed connecting scheduled flight and no onward transportation is made available within 2/3 hours of actual arrival time of the incoming flight, the policy will pay a fixed benefit equal to the sum insured as specified in the policy schedule/certificate.

Such delay must be authenticated by the airline in writing.

A Deductible as mentioned in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

This benefit is over and above the Base Sum Insured.

b. Special Exclusions applicable to Missed Connection on Benefit basis(Airways):

This benefit does not cover any other loss other than those mentioned above under the head coverage, directly in whole or in part, including loss caused by or resulting from any exclusion mentioned in the 'General Exclusions' section of this Policy.

Endorsement no.16 – TRIP DELAY (AIRWAYS):**a. Coverage**

The policy shall reimburse the reasonable additional expenses towards meals and lodging incurred by the Insured Person upto the Sum Insured mentioned in the policy certificate, if his or her trip, covered by this Policy, is delayed beyond a specified number of hours, as mentioned in the Policy Schedule/certificate, from the scheduled time only on account of the following unforeseen reasons:

1. Strike of the airline, where the insured person had booked conveyance in advance
2. Inclement weather conditions causing cancellation or interruption of the trips;
3. The places intended to be occupied by the Insured/ Insured Person for purposes of his or her stay during the trip or the destination being made uninhabitable by fire, flood, vandalism, burglary, or such natural disaster;

It is the responsibility of the Insured to produce necessary proof establishing the reason for Trip Delay along with the receipts.

A Deductible as mentioned in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

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This benefit is over and above the Base Sum Insured.

b. Special Exclusions applicable to Trip Delay (Airways):

This benefit does not cover loss other than those mentioned above under the head coverage, directly, in whole or in part, including loss caused by or resulting from any exclusion mentioned in the 'General Exclusions' section of this Policy.

Endorsement no.16A - TRIP DELAY ON BENEFIT BASIS (AIRWAYS):**a. Coverage**

The policy shall pay a fixed benefit equal to sum insured as specified in the policy schedule/certificate if his or her trip, covered by this Policy, is delayed beyond a specified number of hours, as mentioned in the Policy Schedule, from the scheduled time only on account of the following unforeseen reasons:

1. Strike of the airline, where the insured person had booked conveyance in advance
2. Inclement weather conditions causing cancellation or interruption of the trips;
3. The places intended to be occupied by the Insured/ Insured Person for purposes of his or her stay during the trip or the destination being made uninhabitable by fire, flood, vandalism, burglary, or such natural disaster;

It is the responsibility of the Insured to produce necessary proof establishing the reason for Trip Delay along with the receipts.

A Deductible as mentioned in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

This benefit is over and above the Base Sum Insured.

b. Special Exclusions applicable to Trip Delay on benefit basis (Airways):

This benefit does not cover loss other than those mentioned above under the head coverage, directly, in whole or in part, including loss caused by or resulting from any exclusion mentioned in the 'General Exclusions' section of this Policy.

Endorsement no.17 – EMERGENCY ACCOMMODATION DUE TO TRIP DELAY (AIRWAYS):**a. Coverage**

The policy shall reimburse the additional cost of emergency accommodation up to a maximum of two (2) nights if the Insured/Insured Person could not stay in the accommodation originally booked due to,

1. Inclement weather conditions causing cancellation or interruption of the trip with due authentication by a letter from the common carrier;
2. The place intended to be occupied by the Insured/ Insured Person for purposes of his or her stay during the trip or the destination being made uninhabitable by fire, flood, earthquake, storm, hurricane, explosion, outbreak of major infectious diseases, vandalism, burglary, or such natural disaster;

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The cost of the emergency accommodation shall be less than or equal to the category of accommodation originally booked by the Insures/Insured person

This benefit is over and above the Base Sum Insured.

b. Special Exclusions applicable to Emergency Accommodation due to Trip Delay (Airways):

This benefit does not cover any loss other than those mentioned above under the head "coverage", directly in whole or in part, including loss caused by or resulting from any exclusion mentioned in the 'General Exclusions' section of this Policy.

Endorsement no.18 – FLIGHT DELAY:**a. Coverage**

In the event of delay of the airlines, whilst on a Trip, at any airport specified in the Insured Person's main travel booking, the policy shall reimburse the Insured Person for any reasonable and necessary expenses incurred on any alternate travel booking under any mode of transport (but travel booking superior to original category is not covered) post deduction of compensation offered by service provider/common carrier or through any other source, for travelling to the next Intended Destination as per Insured person's main travel booking up to the limit of Sum Insured specified in the Policy schedule/Certificate, if such delay is caused due to any of the following reasons:

1. Inclement Weather
2. Any Strike, riots, industrial action at the Port or relating to the Common Carrier
3. Delay by the Airlines

This Benefit shall be payable subject to the following:

1. The Insured Person shall submit to the Company sufficient proof to substantiate the reason for such delay of the Common Carrier, unless this proof is available to the Company directly from a reliable source in the public domain;
2. The delay of the Common Carrier is in excess of the number of hours specified in the Policy Certificate from the scheduled time of the Common Carrier at the Port.
3. The maximum liability of the company under this cover during the policy period shall be the sum insured as specified in the Policy schedule/Certificate, irrespective of whether the policy is Single Trip or Multi Trip Policy.

A Deductible as mentioned in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

This benefit is over and above the Base Sum Insured.

b. Specific Exclusions applicable to Flight Delay:

The Company shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly caused by, arising from or in any way attributable to any of the following:

1. Delayed arrival of the Insured Person or Travelling Companion
2. Any delayed departure caused by a Strike or industrial action known to exist or capable of being anticipated at the time the Trip was booked.

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3. If the Common Carrier is taken out of service on the instruction of the Civil Aviation Authority, or any other governmental authority.
4. Any exclusion mentioned in the "General Exclusions" Section of this Policy.

Endorsement no.18A – FLIGHT DELAY ON BENEFIT BASIS:**a. Coverage**

In the event of delay of the airlines, whilst on a Trip, at any airport specified in the Insured Person's main travel booking, the policy shall pay a fixed benefit equal to the sum insured as specified in the policy schedule/certificate, for travelling to the next Intended Destination as per Insured person's main travel booking, if such delay is caused due to any of the following reasons:

- a. Inclement Weather
- b. Any Strike, riots, industrial action at the Port or relating to the Common Carrier
- c. Delay by the Airlines

This Benefit shall be payable subject to the following:

1. The Insured Person shall submit to the Company sufficient proof to substantiate the reason for such delay of the Common Carrier, unless this proof is available to the Company directly from a reliable source in the public domain;
2. The delay of the Common Carrier is in excess of the number of hours specified in the Policy Certificate from the scheduled time of the Common Carrier at the Port.
3. The Company's maximum liability for payment of a claim under the cover shall be once during the Single Trip. In an annual multi trip, the sum insured shall be paid once during every trip undertaken during the policy period in the event of flight delay.

A Deductible as mentioned in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

This benefit is over and above the Base Sum Insured.

b. Specific Exclusions applicable to Flight Delay on benefit basis:

The Company shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly caused by, arising from or in any way attributable to any of the following:

1. Delayed arrival of the Insured Person or Travelling Companion
2. Any delayed departure caused by a Strike or industrial action known to exist or capable of being anticipated at the time the Trip was booked.
3. If the Common Carrier is taken out of service on the instruction of the Civil Aviation Authority, or any other governmental authority.
4. Any exclusion mentioned in the "General Exclusions" Section of this Policy.

Endorsement no.19 – OVER BOOKED-COMMON CARRIER (AIRWAYS):**a. Coverage**

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If the insured/ insured person is denied boarding of an aircraft on a commercial scheduled common carrier due to over-booking, and no alternative transportation is made available within 6/12 hours opted as deductible and mentioned in the policy certificate, of the scheduled departure time of such flight, the policy will indemnify the insured for expenses incurred, by evidence of bills/receipts in respect of hotel accommodation up to a maximum of three (3) nights, if not provided by the Carrier or any other third party and purchase of a new ticket, less refund, if any, obtained from the Carrier, subject to the Sum Insured specified against this Section in the Schedule to the Policy. The over-booked flight details to be obtained by the insured must be verified in writing by the operators of the airline or their handling agents.

A Deductible as mentioned in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

This benefit is over and above the Base Sum Insured.

b. Special Exclusions applicable to Over Booked-Common Carrier (Airways):

This benefit does not cover any other loss other than those mentioned above under the head "coverage", directly in whole or in part, including loss caused by or resulting from any exclusion mentioned in the 'General Exclusions' section of this Policy.

Endorsement no.19A – OVER BOOKED-COMMON CARRIER ON BENEFIT BASIS (AIRWAYS):**a. Coverage**

If the insured/ insured person is denied boarding of an aircraft on a commercial scheduled common carrier due to over-booking, and no alternative transportation is made available within 6/12 hours opted as deductible and mentioned in the policy certificate, of the scheduled departure time of such flight, the policy will pay a fixed benefit equal to the sum insured as specified in the policy schedule/certificate. The over-booked flight details to be obtained by the insured must be verified in writing by the operators of the airline or their handling agents.

A Deductible as mentioned in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

This benefit is over and above the Base Sum Insured.

b. Special Exclusions applicable to Over Booked-Common Carrier on benefit basis (Airways):

This benefit does not cover any other loss other than those mentioned above under the head "coverage", directly, in whole or in part, including loss caused by or resulting from any exclusion mentioned in the 'General Exclusions' section of this Policy.

Endorsement no.20 – BOUNCED HOTEL BOOKING:**a. Coverage**

In the event of hotel booking at destination point(s) being bounced i.e. Insured Person(s) could not obtain hotel accommodation services already booked for him on confirmed basis with the suppliers / agents within India due to non-supply of services, the Insurance Company shall reimburse to the extent of 80% of following expenses:

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- a. Reasonable cost of Transportation expenses to the alternative hotel in the same location.
- b. The difference of cost in up gradation to a superior class of accommodation, wherever alternate accommodation is not available on the cost of pre-booked hotel. For this benefit the Insured shall be required to furnish proof that the alternate accommodation on the cost of pre-booked hotel is not available in the same location in the form of a certificate issued by the Alternate Accommodation Service Provider

b. Special Exclusions applicable to Bounced Hotel Booking:

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

1. Changes in plans by the Insured/ Insured Person, an immediate family member, or travelling companion for any reason.
2. Adverse change in financial circumstances of the Insured/ Insured Person, any family member, or a travelling companion.
3. Any business or contractual obligations of the Insured/Insured Person, any family member, or a travelling companion, except for termination or layoff of employment of the Insured/Insured Person or the travelling companion of the Insured as defined above.
4. Default by the person, agency, or tour operator from whom the Insured / Insured Person bought this Policy and/or made travel arrangements.
5. Any government regulation or prohibition.
6. An event or circumstance, which occurs prior to the commencement of the period of insurance.
7. On account of a felonious assault, where the Insured/Insured Person, any family member of the Insured/Insured Person, the travelling companion or travelling companion's family member has been a principal or accessory in the assault committed.
8. Any exclusion mentioned in the 'General Exclusions' section of this Policy.

c. Special condition applicable to Bounced Hotel Booking:

In the event that claims are submitted for Bounced Hotel Booking as well as under the optional cover – Loss of Deposit or Cancellation (Hotel & Airways) (if opted), the higher of the claims shall be payable by the Company during any one period of insurance.

A Deductible as mentioned in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

This benefit is over and above the Base Sum Insured.

Endorsement no.21 – TRAVEL INCONVENIENCE:**a. Coverage**

In the event of Trip cancellation or Interruption of a covered trip due to necessary and unavoidable reasons as stated below, the policy will reimburse the insured subject to the limits shown in the policy schedule/certificate, for loss of personal accommodation, any sightseeing booked in advance, cruise ticket and travel charges paid or contracted to be paid by the insured, which are not recoverable from any other source.

1. When Insured's Principal residence and/or his intended place of stay at destination is rendered uninhabitable due to Fire, flood, vandalism or natural disaster and also his place of business is rendered inoperative due to operation of said perils.

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2. Termination of employment or layoff affecting the insured provided that the insured have been employed with the same employer for at least five continuous years without any break.
3. The Insured and/or his immediate family member have become victim of Felonious Assault 10 days prior to the departure date provided he/they are not principal or an accessory in such felonious assault.
4. Inclement weather / climatic condition in the city or primary place of departure and / or at intended destination.
5. Civil Unrest, Riot and Strike in the home city and/or at departing station and/or intended destination (as defined in the policy) of the Insured making the trip impossible, provided that
 - The Govt. of India issues a travel advisory.
 - Airport is shut down forcing the Airline to delay the flight for more than 24 hours or to cancel the flight.
 - Curfew is imposed by the City Administration.
6. Terrorist Attack in the home city and/or at departing station and/or destination listed on the insured's itinerary 3 days prior to the Insured's departure date and resulting that the Insured is unable to move out consequent upon such terrorist attack.
7. Compulsory quarantine or prevention of travel by Government of India

b. Benefits under Travel Inconvenience:

1. **TRIP CANCELLATION BENEFITS:** When the insured risk occurs before departure, the policy provides reimbursement of the entire non-refundable, cancelled portion of the travel arrangements (As per coverage's shown in the policy schedule/certificate) i.e. Flight and/or Hotel Booking and/or other incidental expenses for which the insured has or contracted to be paid prior to his departure and which are not recoverable from any source, subject otherwise to the terms, conditions, limitations, exclusions and limit of Sum Insured opted under the Policy.
2. **TRIP INTERRUPTION BENEFIT:** The policy will reimburse up to the Maximum Limit as specified in the Policy Schedule/certificate for the Trips that have been interrupted or delayed due to operation of Insured Peril as mentioned hereinabove. The policy will reimburse for the forfeited, non-refundable unused prepaid expenses made prior to Insured's departure date and additional reasonable and necessary transportation expenses incurred by him / her plus accommodation expenses maximum up to INR. 3,000 per night for
 - Return to City of Residence in India
 - Re-joining the remaining trip after its interruption during the period of trip. Due to operation of any of the insured peril.

However, the benefits payable under this cover shall not exceed the cost of economy airfare by the most direct route less any refunds paid or payable.

This benefit is over and above the Base Sum Insured.

c. Specific Exclusions applicable to Travel Inconvenience:

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:

- a. Travel arrangements being cancelled or changed by any airline, cruise line or the tour operator beyond insured peril

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- b. Voluntary changes in travel plans by the Insured giving rise to a claim under this section.
- c. Any business or contractual obligations of the Insured and/or any family member except for termination or lay off of employment as defined above provided insured is not the Owner, proprietor, Majority Shareholder and Director of the said company.
- d. Termination of employment due to any unlawful act of the insured.
- e. Default / insolvency by and of the person, agency or tour operator from whom the Insured had bought his Travel arrangements.
- f. Any governmental regulations or prohibition imposed by any Administrative Authority at the time or before booking of insured's travel arrangement.
- g. Booking of the trip is undertaken ignoring the adverse situation as published by the Mass Media, Union Government, State Government and/or any Administrative Authority for travel to particular country or part of the country which may give rise to a claim.
- h. Loss of visa charges shall not be paid under this section.

d. Specific Conditions applicable to Travel Inconvenience:

- a) It is a condition precedent to liability hereunder that in the event of any occurrence likely to give rise to a claim under this Insurance, that the Insured Person must notify insurer immediately. While notifying the occurrence, the insured person must quote as much as information concerning the occurrence as is available including policy number and its date of issue.
- b) It shall be the responsibility of Insured to take appropriate action to avoid or minimize any potential claim under policy (e.g. avoid intentional delay during interruption or not to travel to the country or part thereof for which warning has been issued.)
- c) The insured must not be aware of any reason (as stated in the list of covered risks) at the time of opting of this extension that may give rise to a claim under the policy.
- d) The company's liability shall be restricted to the sum insured opted by the Insured or the sum of total non-refundable amount whichever is less.
- e) In case of partial cancellation of the trip, i.e. if only one or two members' trip is cancelled on account of operation of Insured peril, the company's liability shall be restricted to the non-refundable portion of insured's travel tickets only and not for Hotel Charges unless exclusive booking was made for each member. No partial charges of Hotel Booking for reduction in number of members will be allowed in such cases.
- f) If the situation becomes normal against the alert of Quarantine issued earlier by the Govt. of India or if the prevention of travel is withdrawn by Govt. of India before the departure date mention in the schedule of policy and this information is available for the knowledge of General Public through any communication, the company shall not be liable for any claim in respect of such perils.
- g) Operation of any of insured peril shall be considered only at the time of travel for all practical purposes in settlement of claims.

Endorsement no.21A – TRAVEL INCONVENIENCE ON BENEFIT BASIS:**a. Coverage**

In the event of Trip cancellation or Interruption of a covered trip due to necessary and unavoidable reasons as stated below, the policy will pay a fixed benefit equal to the sum insured as specified in the policy schedule/certificate.

1. When Insured's Principal residence and/or his intended place of stay at destination is rendered uninhabitable due to Fire, flood, vandalism or natural disaster and also his place of business is rendered inoperative due to operation of said perils.

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2. Termination of employment or layoff affecting the insured provided that the insured have been employed with the same employer for at least five continuous years without any break.
3. The Insured and/or his immediate family member have become victim of Felonious Assault 10 days prior to the departure date provided he/they are not principal or an accessory in such felonious assault.
4. Inclement weather / climatic condition in the city or primary place of departure and / or at intended destination.
5. Civil Unrest, Riot and Strike in the home city and/or at departing station and/or intended destination (as defined in the policy) of the Insured making the trip impossible, provided that
 - a. The Govt. of India issues a travel advisory.
 - b. Airport is shut down forcing the Airline to delay the flight for more than 24 hours or to cancel the flight.
 - c. Curfew is imposed by the City Administration.
6. Terrorist Attack in the home city and/or at departing station and/or destination listed on the insured's itinerary 3 days prior to the Insured's departure date and resulting that the Insured is unable to move out consequent upon such terrorist attack.
7. Compulsory quarantine or prevention of travel by Government of India

b. Benefits under Travel Inconvenience on Benefit basis:

- a. **TRIP CANCELLATION BENEFITS**
- b. **TRIP INTERRUPTION BENEFIT**

This benefit is over and above the Base Sum Insured.

c. Specific Exclusions applicable to Travel Inconvenience on benefit basis:

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. Travel arrangements being cancelled or changed by any airline, cruise line or the tour operator beyond insured peril
2. Voluntary changes in travel plans by the Insured giving rise to a claim under this section.
3. Any business or contractual obligations of the Insured and/or any family member except for termination or lay off of employment as defined above provided insured is not the Owner, proprietor, Majority Shareholder and Director of the said company.
4. Termination of employment due to any unlawful act of the insured.
5. Default / insolvency by and of the person, agency or tour operator from whom the Insured had bought his Travel arrangements.
6. Any governmental regulations or prohibition imposed by any Administrative Authority at the time or before booking of insured's travel arrangement.
7. Booking of the trip is undertaken ignoring the adverse situation as published by the Mass Media, Union Government, State Government and/or any Administrative Authority for travel to particular country or part of the country which may give rise to a claim.
8. Loss of visa charges shall not be paid under this section.

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d. Specific Conditions applicable to Travel Inconvenience on benefit basis:

- a. It is a condition precedent to liability hereunder that in the event of any occurrence likely to give rise to a claim under this Insurance, that the Insured Person must notify insurer immediately. While notifying the occurrence, the insured person must quote as much as information concerning the occurrence as is available including policy number and its date of issue.
- b. It shall be the responsibility of Insured to take appropriate action to avoid or minimize any potential claim under policy (e.g. avoid intentional delay during interruption or not to travel to the country or part thereof for which warning has been issued.)
- c. The insured must not be aware of any reason (as stated in the list of covered risks) at the time of opting of this extension that may give rise to a claim under the policy.
- d. The company's liability shall be restricted to the sum insured opted by the Insured.
- e. If the situation becomes normal against the alert of Quarantine issued earlier by the Govt. of India or if the prevention of travel is withdrawn by Govt. of India before the departure date mention in the schedule of policy and this information is available for the knowledge of General Public through any communication, the company shall not be liable for any claim in respect of such perils.
- f. Operation of any of insured peril shall be considered only at the time of travel for all practical purposes in settlement of claims.

Endorsement no.22 – TRAVEL SERVICE SUPPLIER INSOLVENCY:**a. Coverage**

The policy shall reimburse the below stated expenses incurred by the insured in case of pre booked tour by paying an advance with an Travel Service Provider located at the intended destination(s), provided an Travel Service Provider turns insolvent and the insured/insured person does not get intended service. This benefit is limited up to the limit of sum Insured as specified in the policy schedule/certificate.

1. The company will pay the reasonable cost of such rearrangement but not exceeding the cost that the insured has already incurred for intended journey and should be for the same standard of transportation and accommodation as was originally booked by the Insured for intended journey.
2. In case of cancellation of journey because of non-rearrangement of Scheduled journey, the company shall be liable only up to the extent of non-refundable cost of unused travels for which the Insured has already paid, including agent's fee for such cancellation but limited to the amount of commission the agent had earned on pre-paid refundable amount of cancelled travel arrangements.
3. Any additional expenses necessarily incurred on returning to Insured's home including reasonable hotel accommodation and transport expenses

b. Specific Exclusion applicable to Travel Service Supplier Insolvency:

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

1. If Insolvency of a travel services provider if at the relevant time, the travel services provider was insolvent or a reasonable person would have reason to expect the travel services provider might become insolvent.
2. Claims arising directly from war, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power;
3. Accommodation expenses incurred after the pre-decided return date of the trip to insured's town.
4. Any other loss falling under the General Exclusions of the Policy

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c. Co-Payment applicable to Travel Service Supplier Insolvency:

It is also hereby agreed and declared that the Insured Person shall bear a co-payment as specified in the Policy Schedule/Certificate. Co-Payment shall be applied on the admissible claim amount in respect of each and every claim.

This benefit is over and above the Base Sum Insured.

Endorsement no.23 – CAR RENTAL EXCESS INSURANCE:**a. Coverage**

The policy shall reimburse to the Insured/ Insured Person up to the limit of sum Insured as specified in the policy schedule/certificate the “Excess Amount” that the Insured is obliged to pay arising from physical loss of or damage to the rental car whilst in the Insured’s control and custody during the covered trip. This policy covers the Excess Charge following the theft or damage to Rental car including the undercarriage, windows and tyres. The policy will also reimburse to the Insured for the costs of followings for which the Insured is liable in case of insured event:

1. **CAR RENTAL KEY COVER:** Replacing a lost or stolen rental car key, including replacement of locks and locksmith charges up to 20% of limit of indemnity under this section
2. **MISFUELING COVER:** Cleaning out the engine and fuel system and associated towing costs up to 20% of the limit of indemnity as mentioned in the schedule, in case the Insured put wrong type of fuel in its rented vehicle,
3. **TOWING COSTS COVER:** Towing or recovery costs following an accident or breakdown involving the Rental Vehicle, up to a maximum of 20% of the limit of indemnity under this section.

b. Co-Payment applicable to Car Rental Excess Insurance:

It is also hereby agreed and declared that the Insured Person shall bear a co-payment as specified in the Policy Schedule/Certificate. Co-Payment shall be applied on the admissible claim amount in respect of each and every claim.

This benefit is over and above the Base Sum Insured.

UNDER NO CIRCUMSTANCES THE TOTAL PAYMENT FOR ALL ABOVE CONTINGENCIES SHALL EXCEED THE LIMIT AS SHOWN IN THE SCHEDULE OF POLICY UNDER THIS SECTION

c. Specific Conditions applicable to Car Rental excess Insurance:

1. All insured drivers must hold a valid and effective driving license, or hold a fully recognized license which must be effective at the time of incident.
2. Except with the written consent of the insurers, no person is entitled to admit liability on their behalf or to give any representations or other undertakings binding upon them. The insurer shall be entitled to the absolute conduct, control and settlement of all proceedings arising out of or in connection with claims in the name of the insured person.
3. The insurers may at their option take proceedings in the name of the insured person to recover compensation from any Third party in respect of any indemnity provided under this insurance and any amounts so recovered shall belong to the insurers and the insured person shall render all reasonable assistance to the insurers.

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4. The cover under this section will incept from the time the Insured Person takes legal control of Rental Car and will cease at the time Rental Agency assumes back control of rented car, subject always to the condition that the custody of such rental car with the Insured Person is during the period of his covered Trip only.

d. Specific Exclusions applicable to Car Rental Excess Insurance:

The Company shall not be liable in respect of any claim made of:

1. Loss or destruction of or damage to any property whatsoever, or any liability, loss or exposure whatsoever resulting or arising there from or any consequential loss directly caused by or contributed to or arising from
 - (a) ionizing radiation or contamination by radioactivity from any Nuclear fuel or any waste and the combustion of nuclear fuel or
 - (b) the radioactive toxic explosive or other hazardous properties or any explosive nuclear assembly or nuclear component thereof.
2. Operation of the vehicle in violation of the terms of the rental agreement.
3. Automobiles, or other vehicles, which are not rental vehicles and not rented from a licensed rental agency.
 1. whether by the Insured Person or by any person acting on behalf of the Insured Person.
 2. Any loss falling under the 'General Exclusions' Section of the Policy.
4. The rental of certain vehicles namely, motor homes, trailers or caravans, vans, trucks, non-passenger carrying vehicles, vehicles that carry more than 9 people including the driver, motorcycles, mopeds, motorbikes, off-road vehicles and recreational vehicles.
5. Expenses reimbursed by the insured person's employers' Insurer.
6. Applicable to car rental key cover – replacement of locks when only the parts need to be changed.
7. Applicable to misfueling cover – repair or replacement of any mechanical part or damage to engine arising from the use of the incorrect fuel, i.e. only cleaning charges are payable under this section.

Endorsement no.24 – PERSONAL LIABILITY:**a. Coverage**

The Company shall indemnify the Insured/ Insured Person towards legal liability of the Insured/ Insured Person to a third party for an incident which results in accidental death, injury or damage to the health or property of such third party whilst on a trip during the period of insurance covered by this Policy, up to the limits specified in the Policy Schedule/Certificate. The incident leading to the legal liability of the Insured/ Insured Person should have occurred during the period of insurance and whilst on a trip covered by this Policy.

A Deductible as mentioned in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

This benefit is over and above the Base Sum Insured.

b. Special Exclusions applicable to Personal Liability:

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

- 1 Any claim arising from Insured's/ Insured Person's personal contractual liability or through promises made by the Insured/ Insured Person.
- 2 Any claim of personal liability of the Insured/ Insured Person towards his/her family, relations and travelling

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companions, whether personal or official.

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

c. Special Conditions applicable to Personal Liability:

- 1 The Company shall be responsible for contesting unjustified claims against the Insured/Insured Person and providing indemnity for the damages, which the Insured/Insured Person has to pay. For indemnity to be provided against damages, the damages must be payable under an acceptance of liability given or approved by the Company or under a judicial decision rendered by a Court of Law.
- 2 If there is a legal action in process against the Insured/Insured Person over a personal liability issue, the Company may conduct the legal action, including appointment of legal counsel, at the Company's expense in the name of the Insured/Insured Person at the Company's sole discretion.
- 3 The Company will have the right, but in no case the obligation, to take over and conduct in the name of the Insured/Insured Person the defense of any claim and will have full discretion in the conduct of any proceedings and in the settlement of any claim and having taken over the defense of any claim, the Company may relinquish the same.
- 4 In the event the Company, in its sole discretion, chooses to exercise its right in pursuance of this condition, no action taken by the Company in the exercise of such right will serve to modify or expand in any manner, what the Company's liability or obligations under this Policy would have otherwise been had it not exercised its rights under these Special Conditions.

Endorsement no.25 – LEGAL EXPENSES:**a. Coverage**

The policy shall reimburse the legal costs and expenses incurred by the Insured/ Insured Person, as the case may be, towards claims for from third parties for compensation for accidental death or disablement arising due to an injury, whilst on a trip, up to the limits specified in the Policy Schedule.

The benefit under the Section is limited to the Sum Insured as specified in the Policy Schedule/certificate.

A Deductible as mentioned in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

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This benefit is over and above the Base Sum Insured.

b. Special Exclusions applicable to Legal Expenses:

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 sleep disorders, hypnosis, tolerance and / or withdrawal symptoms due to intake of psychoactive drugs, stimulants, sedatives, narcotics, hallucinogens.
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 (Including Cabin Crew) or which occurs during parachuting except when the Insured/Insured Person is flying as a Fare Paying passenger in a multi-engine, scheduled commercial aircraft or Air Charter company.
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. 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.
 - d. 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 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 connected with or traceable to act of terrorism or terrorist activities.
11. Any exclusion mentioned in the 'General Exclusions' section of this Policy.

Endorsement no.26 – HOME BURGLARY INSURANCE (CONTENTS):**a. Coverage**

This Section provides for indemnity, against any loss, destruction or damage to the contents of the Insured's home in India caused by burglary and/or housebreaking specified hereunder whilst the Insured is on a trip covered by the Policy.

The maximum amount payable under this Section as indemnity is limited to the Sum Insured as specified in the Policy Schedule/certificate in any one period of insurance irrespective of the number of such incidents or occurrences arising out of such incidents.

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

b. Special Exclusions applicable to Home Burglary Insurance (contents):

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

1. Loss or damage caused by the Insured/Insured Person's and/or Insured/Insured Person's employee(s) or agents and/ or Insured/Insured Person's Family member's direct or indirect involvement in the actual or attempted burglary.
2. Any loss or damage to, or on account of loss of, livestock, motor vehicles, pedal cycles, money, securities for money, stamp, bullion, deeds, bonds, bills of exchange, promissory notes, stock or share certificates, business books, manuscripts, documents of any kind, ATM debit or credit cards, precious stones that are not part of jewellery or ornaments, gold bullion (unless previously specifically declared to, and accepted by, the Company in writing).
3. Loss or damage to any property/item illegally acquired, kept, stored or property subject to forfeiture in any manner whatsoever.
4. Loss or damage which is recoverable under Fire or Plate Glass Insurance Policy or any other policy.
5. Loss or damage directly or indirectly, proximately or remotely occasioned by or which arises out of or in connection with riot and strike, civil commotion, terrorist activities, earthquake, flood, storm, volcanic eruption, typhoon, hurricane, tornado, cyclone or other convulsions of nature or atmospheric disturbances.
6. Consequential loss or legal liability of any kind.
7. Loss of money and/or other property abstracted from safe following the use of the key to the said safe or any duplicate thereof belonging to the Insured, unless such key has been obtained by assault or violence or any threat thereof.
8. Loss of or damage to any property insured under this Policy due to any misfeasance, malfeasance or nonfeasance or breach of trust in relation thereto by the Insured.
9. Any exclusion mentioned in the 'General Exclusions' section of this Policy.

Terrorism Damage Exclusion Warranty:

Notwithstanding any provision to the contrary within this insurance it is agreed that this insurance excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss.

For the purpose of this endorsement an act of terrorism means an act, including but not limited to the use of force of 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 similar purpose including the intention to influence any government and/or to put the public, or any section of the public in fear.

The warranty also excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to action taken in respect of any act of terrorism.

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If the Company alleges that by reason of this exclusion, any loss, damage, cost or expenses is not covered by this insurance the burden of proving the contrary shall be upon the Insured.

In the event any portion of this endorsement is found to be invalid or unenforceable, the remainder shall remain in full force and effect.

Endorsement no.27 –CHOLA MS BHARAT GRIHA RAKSHA POLICY:

Special meaning of certain words: Words stated in the table below have a special meaning throughout this Policy, the Policy Schedule and Endorsements.

These words with special meaning are stated in the Policy with the first letter in capitals.

Word /s	Specific meaning
Bank	A bank or any financial institution
Carpet Area	<ol style="list-style-type: none"> 1. for the main building unit of Your Home, it is the net usable floor area, excluding the area covered by the external walls, areas under services shafts, exclusive balcony or verandah area and exclusive open terrace area, but including the area covered by the internal partition walls of the residential unit; 2. for any enclosed structure on the same site, it is the net usable floor area of such structure; and 3. for any balcony, verandah area, terrace area, parking area, or any enclosed structure that is part of Your Home, it is 25% of its net usable floor area.
Commencement Date	<p>It is the date and time from which the insurance cover under this Policy begins.</p> <p>It is shown in the Policy Schedule.</p>
Cost of Construction	<p>The amount required to construct Your Home Building at the Commencement Date.</p> <p>This amount is calculated as follows:</p> <p>a. For residential structure of Your Home including Fittings and Fixtures:</p> <p>Carpet Area of the structure in square metres X Rate of Cost of Construction at the Commencement Date. The Rate of Cost of Construction is the prevailing rate of cost of construction of Your Home Building at the Commencement Date as declared by You and accepted by Us and shown in the Policy schedule.</p> <p>b. For additional structures : the amount that is based on the prevailing rate of Cost of Construction at the Commencement Date as declared by You and accepted by Us.</p>
Endorsement	A written amendment to the Policy that We make (additions, deletions, modifications, exclusions or conditions of an insurance Policy) which may change the terms or scope of the original policy.
Home Contents	Those articles or things in Your Home that are not permanently attached or fixed to the structure of Your Home. Home Contents may consist of General Contents and/or Valuable Contents.
General Contents	General Contents are all the contents of household use in Your Home, e.g., furniture, electronic items and goods, antennae, solar panels, water storage equipment, kitchen

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	equipment, electrical equipment (including those fitted on walls), clothing and apparel and items of similar nature.
Valuable Contents	Valuable Contents of Your Home consist of items such as jewellery, silverware, paintings, works of art, antique items, curios and items of similar nature.
Insured	The Person/s who has/have purchased Insurance Cover under this Policy.
Insured Property	Your Home Building and Home Contents, or any item of property covered by this Policy.
Kutcha Construction	Building(s) having walls and/or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/plastic cloth/asphalt/canvas/tarpaulin and the like.
Word /s	Specific meaning
Policy Period	Policy period means the period commencing from the effective date and time as shown in the Policy Schedule and terminating at Midnight on the expiry date as shown in the Policy Schedule or on the termination of or the cancellation of insurance as provided for in Clause G (III) of this Policy, whichever is earlier.
Policy Schedule	The document accompanying and forming part of the Policy that gives Your details and of Your insurance cover, as described in Clause A (3) of this Policy.
Premium	The premium is the amount You pay Us for this insurance. The Policy Schedule shows the amount of premium for the Policy Period and all other taxes and levies.
Pucca Construction	Construction other than Kutcha Construction.
Spouse	Your wife or husband.
Sum Insured	The amount shown as Sum Insured in the Policy Schedule and as described in Clause C (4) and Clause D (2) of this Policy. It represents Our maximum liability for each cover or part of cover and for each loss.
Total Loss	A situation where the Insured Property or item is completely destroyed, lost or damaged beyond retrieval or repair or the cost of repairing it is more than the Sum Insured for that item or in total.
We, Us, Our, Insurer	The Cholamandalam MS General Insurance Company Ltd. Insurance Company that has provided Insurance Cover under this Policy; of the Company.
You, Your, Insured	The Insured Person/s who has/have purchased Insurance Cover under this Policy; of such Insured Person/s.
Your Home Building	Your Home Building is a building consisting of a residential unit, having an enclosed structure and a roof, basement (if any) and used as a dwelling place described in detail as per Clause C (2) of this Policy.

Clause B. Insured Events

We give insurance cover for physical loss or damage, or destruction caused to Insured Property by the following unforeseen events occurring during the Policy Period.

The events covered are given in Column A and those not covered in respect of these events are given in Column B.

	Column A	Column B

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**GROUP DOMESTIC TRAVEL INSURANCE**

CHOTGDP23004V012223

Policy Wordings

	We cover physical loss or damage, or destruction caused to the Insured Property by	We do not cover any loss or damage, or destruction caused to the Insured Property
1.	Fire	caused by burning of Insured Property by order of any Public Authority.
2.	Explosion or Implosion	-
3.	Lightning	-
4.	Earthquake, volcanic eruption, or other convulsions of nature	-
5.	Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Tsunami, Flood and Inundation	-

	Column A	Column B
	We cover physical loss or damage, or destruction caused to the Insured Property by	We do not cover any loss or damage, or destruction caused to the Insured Property
6.	Subsidence of the land on which Your Home Building stands, Landslide, Rockslide	caused by <ul style="list-style-type: none"> a. normal cracking, settlement or bedding down of new structures, b. the settlement or movement of made up ground, c. coastal or river erosion, d. defective design or workmanship or use of defective materials, or e. demolition, construction, structural alterations or repair of any property, or groundworks or excavations.
7.	Bush fire, Forest fire, Jungle fire	-
8.	Impact damage of any kind, i.e., damage caused by impact of, or collision caused by any external physical object (e.g. vehicle, falling trees, aircraft, wall etc.)	caused by pressure waves caused by aircraft or other aerial or space devices travelling at sonic or supersonic speeds.
9.	Missile testing operations	-
10.	Riot, Strikes, Malicious Damages	caused by <ul style="list-style-type: none"> a temporary or permanent dispossession, confiscation, commandeering, requisition or destruction by order of the government or any lawful authority, or b temporary or permanent dispossession of Your Home by unlawful occupation by any person.
11	Acts of terrorism (Coverage as per Terrorism Clause attached)	Exclusions and Excess as per Terrorism Clause attached.

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12.	Bursting or overflowing of water tanks, apparatus and pipes.	-
13.	Leakage from automatic sprinkler installations.	<ul style="list-style-type: none"> a. repairs or alterations in Your Home or the building in which Your Home is located, b. repairs, removal or extension of any sprinkler installation, or c. defects in the construction known to You.
14.	Theft within 7 (seven)days from the occurrence of if it is and proximately caused by any of the above Insured Events.	<ul style="list-style-type: none"> a. of any article or thing outside Your Home, or b. of any article or thing attached from the outside of the outer walls or the roof of Your Home, unless securely mounted.

Clause C: Home Building Cover

1. What We cover

We cover physical loss or damage, or destruction of **Your Home Building** because of any Insured Event listed in Clause B of this Policy. We also cover architect's, surveyor's, consulting engineer's fees, cost of removing debris as specified under **Clause C (5) (f)** of this Policy. Further, We pay for Loss of rent and Rent for Alternative Accommodation, which will be paid to the extent declared by You and agreed by Us as specified under **Clause C (6)** of this Policy while Your Home Building is not fit for living following loss or damage due to an insured event.

2. Your Home Building

- a. **Your Home Building** is a building consisting of a residential unit, having an enclosed structure and a roof, basement (if any) and used as a dwelling place.

b. Your Home Building includes

- i. fixtures and fittings permanently attached to the floor, walls or roof, like fixed sanitary fittings, electrical wiring and other permanent fittings.
- ii. the following 'additional structures' if they are on the same site, and are used as part of Your Home Building:
 - a) garage, domestic out-houses used for residence, parking spaces or areas, if any
 - b) compound walls, fences, gates, retaining walls and internal roads,
 - c) verandah or porch and the like,
 - d) septic tanks, bio-gas plants, fixed water storage units or tanks,
 - e) solar panels, wind turbines and air conditioning systems, central heating systems and the like, if not included in Home Contents Cover,
- iii. any other structure shown in the Policy Schedule.

- c. Your Home Building does not include Contents of Your Home.

3. Use for residence

- a. We will pay only if Your Home Building is used for the purpose of residence of Yourself and

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- Your family, or of Your tenant, licensee or employee.
- b. We will not pay if
- i. Your Home Building is used as a holiday home, or for lodging and boarding, or
 - ii. Your Home Building or any part of Your Home Building is used for purposes other than residential except where it is used both for Your residence and for the purposes of earning Your livelihood if You are self-employed or You have shifted Your office to Your Home Building for a temporary period due to lockdown or closure of Your office ordered by a public authority.
4. Sum Insured
- a. The Sum Insured for the Home Building Cover is the prevailing Cost of Construction of Your Home Building at the Commencement Date as declared by You and accepted by Us and will be the maximum amount payable in the event the Home Building is a Total Loss.
 - b. If the Policy Period is more than one year, We will automatically increase Your Sum Insured during the Policy Period by 10% per annum on each anniversary of Your Policy without additional premium for a maximum of 100% of the Sum Insured at the Policy Commencement Date.
 - c. The Sum Insured will be automatically increased each day by an amount representing 1/365th of 10% of Sum Insured at the Policy Commencement Date for annual policies.
 - d. Restoration of Sum Insured : Except as stated in **Clause G (III) (3) (b)** of this Policy, the insurance cover will at all times be maintained during the Policy Period to the full extent of the respective Sum Insured. This means that after We have paid for any loss, the policy shall be restored to the full original amount of Sum Insured. You must pay to Us proportionate premium for the unexpired Policy Period from the date of loss. We can also deduct this premium from the net claim that We must pay You.
5. What We pay
- a. If You make a claim under the policy for damage to Your Home Building due to any of the insured perils, We reimburse the cost to repair it to a condition substantially the same as its condition at the time of damage. You must spend for repairs, and claim that amount from Us.
 - b. We will calculate the amount of claim on the basis of the actual Carpet Area subject to the Carpet Area not exceeding that declared by You in the Proposal Form and stated in the Policy Schedule.
 - c. The maximum We will pay for all items together is the Sum Insured shown in the Policy Schedule for Home Building Cover. If the Policy Schedule shows any limit for any item, such limit is the maximum We will pay for that item.
 - d. If Your Home Building is a Total Loss, We will pay You the Sum Insured of the Home Building.
 - e. If only an additional structure is destroyed, We will pay You an amount equal to the Cost of Construction of the additional structure.
 - f. In addition to what **Clause C (5) (c)** of this Policy provides for, We will pay You the following expenses:
 - i. up to 5% of the claim amount for reasonable fees of architect, surveyor, consulting engineer;
 - ii. up to 2 % of the claim amount for reasonable costs of removing debris from the site.
6. **Loss of Rent and Rent for Alternative Accommodation:** In addition to what **Clause C (5) (c)** of

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this Policy provides for, We will pay the amount of rent You lose or alternative rent You pay while Your Home Building is not fit for living because of physical loss arising out of an Insured Event as follows:

- a. If You are living in Your Home as a tenant, and You are required to pay higher rent for the alternative accommodation, We will pay the difference between the rent for alternative accommodation and the rent of Your Home Building.
- b. We will pay the loss under this cover for an accommodation that is not superior to Your Home Building in any way and in the same city as Your Home Building.
- c. The amount of lost rent shall be calculated as follows: Sum Insured for Cover for Loss of Rent (as declared by You in the Proposal Form and specified by Us in the Policy Schedule) X Period necessary for repairs ÷ Loss of Rent Period opted for.
- d. This cover will be available for the reasonable time required to repair Your Home Building to make it fit for living. The maximum period of this cover is three years from the date Your Home Building becomes unfit for living. You must submit a certificate from an architect or the local authority to show that Your Home Building is not fit for living.
- e. Claim for loss of rent will be accepted only if We have accepted Your claim for loss for physical damage to Your Home under the Home Building Cover.

Clause D: Home Contents Cover**1. What We cover:**

We cover the physical loss or damage to or destruction of the **General Contents** of Your Home caused by an Insured Event as listed in **Clause B** of this Policy. **Valuable Contents** of Your Home are not covered under this Policy unless You have purchased the optional cover for the **Valuable Contents**.

2. Sum Insured:

- a. The Sum Insured for the Home Contents Cover is shown in the Policy Schedule and will be the maximum amount payable in the event the Home Contents are destroyed/lost completely.
- b. The policy has a built-in cover for the General Contents of Your home equal to 20% of the Sum Insured for Home Building Cover subject to a maximum of ₹ 10 Lakh (Rupees Ten Lakh) provided You have opted for both Home Building and Home Contents cover. If You choose to have a higher Sum Insured for Home Contents, You have to declare the Sum Insured in the Proposal Form and pay additional premium.
- c. If You have purchased only Home Contents Cover, You have to declare the Sum Insured for the General Contents in the Proposal Form.
- d. The Sum Insured You have chosen for General Contents must be enough to cover the cost of replacement of the General Contents.
- e. If You want to cover the Valuable Contents in Your Home, You must opt for the Optional Cover for Valuable Contents as given in **Clause E (1) (a)** of this Policy.
- f. Restoration of Sum Insured: Except as stated in **Clause G (III) (3) (b)** of this Clause below, the insurance cover will at all times be maintained during the Policy Period to the full extent of the respective Sum Insured. This means that after We have paid for any loss, the policy shall be restored to the full original amount of Sum Insured. You must pay to Us proportionate premium for the unexpired Policy Period from the date of loss. We can also deduct this premium from the net claim that We must pay You.

3. What We pay

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- a If the General Contents of Your Home are physically damaged by any Insured Event, We will at Our option,
 - i. reimburse to You the cost of repairs to a condition substantially the same as its condition at the time of damage, or
 - ii. pay You the cost of replacing that item with a same or similar item, or
 - iii. repair the damaged item to a condition substantially the same as its condition at the time of damage.
- b The maximum We will pay for Home Contents is the Sum Insured shown in the Policy Schedule for Home Contents Cover. If the Policy Schedule shows any limit for any item, or category or groups of items, such limit is the maximum We will pay for that item.

Clause E: Additional Covers applicable : Not applicable**Clause F. Exclusions (What We do not cover) under Chola Ms Bharat Griha Raksha Policy**

We do not cover losses and expenses for any loss or damage or destruction of the Insured Property that is directly or indirectly as a result of or is caused by or arising from events, stated below:

1. Your deliberate, wilful or intentional act or omission, or of anyone on Your behalf, or with Your connivance.
2. War, invasion, act of foreign enemy hostilities or war-like operations (whether war is declared or not), civil war, mutiny, civil commotion amounting to a popular rising, military rising, rebellion, revolution, insurrection or military or usurped power.
3. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from combustion of nuclear fuel, or the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component that is part of it.
4. Pollution or contamination, unless
 - i. the pollution or contamination itself has resulted from an Insured Event, or
 - ii. an Insured Event itself results from pollution or contamination.
5. Loss, damage or destruction to any electrical/electronic machine, apparatus, fixture, or fitting by over-running, excessive pressure, short circuiting, arcing, self-heating or leakage of electricity from whatever cause (lightning included). This exclusion applies only to the particular machine so lost, damaged or destroyed.
6. Loss or damage to bullion or unset precious stones, manuscripts, plans, drawings, securities, obligations or documents of any kind, coins or paper money, cheques, vehicles, and explosive substances unless otherwise expressly stated in the policy.
7. Loss of any Insured Property which is missing or has been mislaid, or its disappearance cannot be linked to any single identifiable event.
8. Loss or damage to any Insured Property removed from Your Home to any other place.
9. Loss of earnings, loss by delay, loss of market or other consequential or indirect loss or damage of any kind or description whatsoever.
10. Any reduction in market value of any Insured Property after its repair or reinstatement.
11. Any addition, extension, or alteration to any structure of Your Home Building that increases its Carpet Area by more than 10% of the Carpet Area existing at the Commencement Date or on the date of renewal of this Policy, unless You have paid additional premium and such addition,

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extension or alteration is added by Endorsement.

12. Costs, fees or expenses for preparing any claim.

Clause G. Conditions applicable to Chola MS Bharat Griha Raksha Policy

(I) Your Obligations**1. Make true and full disclosure in the proposal and related documents**

- a. You have a duty of disclosure to tell Us everything You know, or could reasonably be expected to know, that is relevant to Us for deciding whether to give You insurance cover and on what terms. You owe this duty to disclose such relevant material information even if We have not specifically asked for it. This duty extends to any information or declaration given by anyone else on Your behalf.
- b. We have agreed to give You insurance cover entirely on the basis of the information You, or anyone on Your behalf, have given Us in the proposal, statements and other declarations and documents (in writing or electronic) about Yourself, Your family, Your Home Building and Home Contents. The correct and complete information You give is the basis of Our contract with You. Our promise to pay is conditional upon the truth of these statements and on the assumption that You, or anyone on Your behalf, has not withheld any material information about Yourself, Your family, Your Home Building and Home Contents.

2. Obligation to take care : You must:

- a. keep Your Home Building and Home Contents in good condition and well maintained, You must ensure that the structure of Your Home Building does not have any faults or defects that are visible and material that will aggravate loss or damage to the Home Building in the event an insured peril occurs.
- b. take care to prevent theft, loss or damage to Your Home Building and Home Contents, and
- c. ensure that unauthorized persons do not occupy Your Home Building.

3. Inform change in circumstances : You must inform Us immediately if

- a. You change Your address,
- b. You make any addition, alteration, extension to the structure of Your Home Building,
- c. You let out Your Home Building, or Your Home Building will no longer be solely occupied by You,
- d. You change the use of Your Home Building.

4. Allow inspection and investigation of claim: You must allow, and give full cooperation to the survey/investigation of Your claim by Us. You must allow Us, and any surveyor, officer or other representative that We authorise, to inspect Your Home Building and Home Contents including the interior wherever necessary, take photographs and where required, permit the scientific testing and investigation of any insured article affected by the insured peril. You must answer all questions asked regarding Your claim truthfully and completely, and submit all relevant documents that We will require.**5. Make true statements and full disclosure in the claim and related documents** You must also give true and full information in Your claim and submit true documents. If You give any false information or document in the claim, or if You withhold any information or document (written or electronic), We have a right to refuse payment of Your claim. We may also cancel Your policy.**6. Cancellation and Termination of Cover under Chola MS Bharat Griha Raksha Policy****1. Cancellation by You at any Time**

- a. You can cancel this cover at any time by giving Us notice in writing. The cover will terminate

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when we receive your notice.

- b. If You cancel the cover, We will refund premium as follows:

Time for which cover in force	Refund of premium
For a period not exceeding 15 days	90% of the Annual rate
Exceeding 15 days to 1 month	85% of the Annual rate
Exceeding 1 month to 2 months	70% of the Annual rate
Exceeding 2 month to 3 months	60% of the Annual rate
Exceeding 3 month to 4 months	50% of the Annual rate
Exceeding 4 month to 5 months	40% of the Annual rate
Exceeding 5 month to 6 months	30% of the Annual rate
Exceeding 6 month to 7 months	25% of the Annual rate
Exceeding 7 month to 8 months	20% of the Annual rate
Exceeding 8 month to 9 months	15% of the Annual rate
For the period Exceeding 9 months	No Refund

c. Cancellation of Long Term cover

No refund shall be allowed if there has been a claim under the cover.

1. If the cover is cancelled within 1 years of inception, the premium to be retained shall be worked out as per normal rates applicable - that is without allowing any discount.
2. If the cover is cancelled after 1 years of inception, the discount slab shall be reworked for the number of years the cover was actually in force. For this purpose fraction of a year shall be rounded to the next higher year. For example if the cover has run for 1 years and 1 months, premium shall be retained for 2 years.
3. Refund, if any, shall be subject to the retention of minimum premium of Rs.100 for annual cover and for cover Rs.250/-

2. Cancellation by Us:

- a. We will not cancel the Policy during the policy period except on the grounds of misrepresentation, non-disclosure of material facts, fraud or non-co-operation on Your part.
- b. In case of Total Loss of Your Home Building in a long term policy where You have decided not to reinstate Your Home Building in favour of a cash settlement of Your claim, We will cancel the cover for the remaining duration of the policy period. In such a case We shall refund the proportionate premium for the un-expired policy years after grossing up the premium paid by You towards long term discount, if any.

3. Automatic termination of the Cover:

This cover will automatically end in the following cases:

- a. **Destruction of Your Home Building:** This cover will automatically end 7 (seven) days after Your Home Building collapses or is destroyed by reason other than any Insured Event. If a separable part of Your Home Building, or any additional structure falls down or is destroyed by reason other than any Insured Event, the covers will end for such part or additional

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structure.

You can apply within 7 (seven) days of such fall or destruction for continuing insurance cover. We may agree, but will not be bound, to continue the cover on the same rates, terms and conditions.

- b. **Exhaustion of Sum Insured:** If Your Home Building, or any additional structure, or any item of Home Contents, is lost, destroyed or stolen, or is a Total Loss, and We pay You the full Sum Insured for such item, the insurance cover for that item will automatically end unless the subject matter of insurance is reconstructed and the Sum Insured is reinstated by paying additional premium. If We pay the total Sum Insured for any claim, this Policy will end.
- c. **Change of use of Your Home Building or Home Contents:** The Policy will end
 - i. if You change the use of Your Home Building from personal residence to any other purpose, or
 - ii. if You use any item of Home Contents for use that is not personal.
- d. **Sale of Your Home Building or Home Contents:** This Policy will end when You sell, surrender or release Your interest in Your Home Building and/or Home Contents, or Your interest in the Home Building and/or HomeContents comes to an end. The Policy will end to the extent any additional structure of Your Home Building or item of Home Contents if You sell, surrender or release Your interest in such additional structure or item of Home Content, or Your interest in these ends.
- e. **Effect of death**
In the event of the unfortunate death of the Insured during the Policy Period, the Home Building Cover and the Home Contents Cover that You have purchased will continue for the benefit of Your legal representative/s during the Policy Period subject to all the terms and conditions of this Policy.

7. Claims Procedure applicable for Chola MS Bharat Griha Raksha Policy

If You suffer a loss because of an Insured Event, You must make a claim for Your financial loss at Your cost. The procedure for making a claim is given below. These include things that **You must do**, and that **You must not do**. It is important to comply with these to ensure that it does not prejudice Your claim in any manner.

1. Immediate notice to Us

- a. As soon as any physical loss or damage occurs to Your Home Building or Home Contents due to an Insured Event, You must immediately give notice to Us of the loss or damage. This is necessary for Us to survey/ investigate the loss or damage, as may be required.
- b. You can give notice to any of Our offices or call-centres.
- c. You must state in this notice
 - i. the Certificate Number,
 - ii. Your name,
 - iii. details of report to the police that You made,
 - iv. details of report to any Authority that You made,
 - v. details of the Insured Event,
 - vi. a brief statement of the loss,
 - vii. particulars of any other insurance of Your Home Building or any of Your Home Contents,
 - viii. details of loss or damage under any Optional Cover or Add-ons,
 - ix. submit photographs of loss or physical damage, wherever possible.

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- a. You must take all reasonable steps to prevent further loss or damage to Your Home Building and Home Contents.
- b. Until We have inspected Your Home Building and Home Contents, and have given Our consent,
 - i. You must not sell, give away or dispose of any damaged items of any property for which You are making a claim;
 - ii. You must not wash or clean, or remove any damaged item or debris, except for any urgent necessity;
 - iii. You must not carry out repairs, unless such repairs are urgent and You cannot contact Us.

3. Immediate notice to Authorities

- a. As soon as any loss or damage occurs to the Insured Property, You must give immediate report to appropriate legal authorities. For example, You must report to the fire brigade of the local authority and the police if there is damage by fire/ explosion / implosion or lightning. In case of subsidence /landslide/rockslide, You must inform the District Administration. In the event of impact damage of any kind or Riot Strikes, Malicious damages and acts of terrorism, You must inform the police. If there is a theft within 7 (seven) days following an Insured Event You must inform the police.
- b. We may, but not necessarily, waive this condition if We are satisfied that by reason of extreme hardship it was not possible for You or any other person on Your behalf to give such report.

4. Submit claim

- a. Claim form:
 - i. You must submit Your claim in Our claim form at the earliest opportunity, but within 30 days from the date You first notice the loss or damage. The claim form is available in any of Our branches, and on Our web-site.
 - ii. You must state in Your claim the details of any other insurance policy that covers the damage or loss for which You have filed Your claim, whether You have purchased such other insurance, or someone else has purchased it for You.
- b. We shall not be liable for any loss or damage after the expiry of 12 months from the happening of the loss or damage unless the claim is the subject of pending action or arbitration. If We disclaim liability for a claim You have made and if the claim is not made a subject matter of a suit in a court of law within a period of 12 months from the date of disclaimer, the claim shall not be recoverable hereunder.

5. Establish loss

- a. You must prove that the Insured Event has occurred, and the extent of physical loss or damage You have suffered with full details.
- b. When We request,
 - i. You must support Your claim for Home Building and/or Home Contents with plans, specification books, vouchers, invoices pertaining to costs incurred by You for reconstruction/replacement/repairs.
 - ii. You must allow Us, Our officers, surveyors or representatives to inspect the loss or damage to Your Home Building and/or Home Contents, and to take measurements, samples, damaged items or parts, and photographs that are relevant.

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- iii. You must give Us authority to see the relevant records and get information about the Event and Your loss from the police or any other authority.
 - c For Optional Cover of Personal Accident, Death Certificate and Post Mortem report (wherever necessary) shall be submitted.
- 6. Fraudulent claim**
- If You, or anyone on Your behalf, make a false or fraudulent claim, or support a claim with any false or fraudulent statement or documents:
- i. We will not pay,
 - ii. We can cancel the Policy: in such a case, You will lose all benefits under this Policy and premium that You have paid, and
 - iii. We can also inform the police, and start legal proceedings against You.
- 7. Other insurance**
- a If You have any other policy with Us or any other Insurance Company (taken by You or by anyone else for You) covering in whole or in part any claim that You have made under this Cover, You have a right to ask for settlement of Your claim under any of these policies.
 - b If You choose to claim under this cover from Us, We will settle Your claim within the limits and the terms and conditions of this cover.
 - c After We pay the amount under Your claim, We have the right to ask for contribution from the Insurers that have given You the other policies.
 - d We will ensure that Our actions do not impose any liability on You.
- 8. Recovery action by Us**
- a When We accept and pay Your claim under the cover, We can start legal proceedings to recover the amount or property from the third party who has caused the loss or damage to Your Home Building or Home Contents. You must give authority to Us to take such action and exercise this right effectively, when We request You, whether before or after making payment of Your claim. You must give all information, cooperation, assistance and help for this purpose. You must not do anything which will prejudice Our right. We can do this
 - i. without seeking Your consent,
 - ii. in Your name, and
 - iii. whether or not Your loss has been fully compensated.
 - b Any amount We recover from such person will be applied first to the costs of the legal proceedings and recovery, then to the claim amount We have paid or must pay to You. We will pay You any balance.
 - c You can start legal proceedings against any person who has caused the loss or damage only with Our prior consent, and on conditions that We will impose. You must not compromise or settle any claim against such person without Our consent. If You recover any amount from such person, You must return to Us the amount We have paid for Your claim. We can take over the conduct of legal proceedings that You have started and continue the proceedings in Your name.

Clause H. Changes to covers applicable to Chola MS Bharat Griha Raksha Policy

- a You can choose to make changes to the covers of this Endorsement as may be permitted by Us, or increase or reduce any Sum Insured. You must make a proposal or request for any change. It will be effective only after We have accepted Your proposal, and You have paid the additional premium, where applicable.
- b This Policy (including the Policy Schedule, the proposal, declarations and Endorsements) consists of the entire contract between You and Us.

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**GROUP DOMESTIC TRAVEL INSURANCE**

CHOTGDP23004V012223

Policy Wordings**Clause I. Waiver of Underinsurance applicable to Chola MS Bharat Griha Raksha Policy**

Underinsurance does not apply to the **Bharat Griha Raksha** Policy. Thus, if Your Sum Insured calculated on the basis of the information that You provided, is less than the actual value at risk, the difference will not affect the amount We pay.

Clause J. Other Details**1. Notices**

- a We will send any notice, letter or communication in writing to You at Your address mentioned in the Policy Schedule, and to Your email address that You have registered with Us.
- b You will send any notice, letter, intimation or communication in writing to Us at Our branch office where You purchased this Policy. You can also send it at the address mentioned in the Policy Schedule.

2. Nomination for this Policy

You can nominate a person to receive the claim amount under this Policy in the event of Your death. You can make such nomination at the time You take the Policy, or later. You can also change the nomination at any time. You can make the nomination on Our nomination form available in Our office or from Our website:www.cholainsurance.com

3. Arbitration

If any dispute or difference arises between You and Us regarding the amount of claim to be paid under this policy (liability having been admitted by Us), such difference shall independently of all other questions, be referred to the decision of a sole arbitrator to be appointed in writing by You and Us or if You and We cannot agree upon a single arbitrator within 30 days of either of Us opting for arbitration, the same shall be referred to a panel of three arbitrators comprising of two arbitrators, one to be appointed by each of Us, to the dispute/difference and the third arbitrator to be appointed by two such arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

This benefit is over and above the base Sum Insured. Claim under Chola MS Bharat Griha Raksha will be treated as per policy terms and conditions, irrespective of claim settlement under Base CI or PA cover during the policy period

4. Territorial Limits:

The Insurer's liability to make any payment under this section will be for Insured contingencies occurring within the premises named in the Policy.

Endorsement no.28 – FINANCIAL EMERGENCY ASSISTANCE:**a. Coverage**

In the event the Insured requires financial emergency Assistance following incidents ie. Burglary/ theft of luggage/ money or hold up. The Assistance Service provider shall co- ordinate with the Insured's relatives within India to provide emergency cash assistance to the Insured per Insured's requirement, and make payment for transfer charges which has been made through Assistance Service Provider up to the limit of Sum Insured specified in the Policy Schedule/Certificate.

This benefit is over and above the Base Sum Insured.

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Endorsement no.28A – FINANCIAL EMERGENCY ASSISTANCE ON BENEFIT BASIS:**a. Coverage**

In the event the Insured requires financial emergency Assistance following incidents ie. Burglary/ theft of luggage/ money or hold up. The Assistance Service provider shall co- ordinate with the Insured's relatives within India to provide emergency cash assistance to the Insured per Insured's requirement, and pay a fixed benefit towards transfer charges which has been made through Assistance Service Provider as specified in the Policy Schedule/Certificate.

This benefit is over and above the Base Sum Insured.

Endorsement no.29 – PET CARE:**a. Coverage**

This policy shall reimburse medical expenses including fees for the Veterinary Medical Practitioner's fees towards the medical care and treatment of the pet animal (limited to cat or dog) of the Insured / Insured Person arising due to an injury sustained whilst under the care of a friend, relative, house servant, other family members of the house or a Professional Carrier in India during the Insured/ Insured Person's trip, covered under this Policy.

The benefit under the Section is limited to the Sum Insured as specified in the policy schedule/certificate.

This benefit is over and above the Base Sum Insured.

b. Special Exclusions applicable to Pet Care:

This benefit does not cover any loss other than those mentioned above under the head "coverage", directly, in whole or in part, including loss caused by or resulting from any exclusion mentioned in the 'General Exclusions' section of this Policy.

Endorsement no.30 – SPORTS EQUIPMENT COVER:**a. Coverage**

In the event of Insured Person's own or hired Sports Equipment and / or its accessories are lost due to theft or damaged during the entire trip, the policy shall reimburse the market value of such lost or damaged equipment upto the maximum of the Sum Insured as mentioned in the Policy Schedule/Certificate.

The Insurer's liability to make payment is only in excess of the Deductible as mentioned in the Policy Certificate. A Deductible as mentioned in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

This benefit is over and above the Base Sum Insured.

b. Specific Exclusions applicable to Sports Equipment Cover:

Following losses are not covered under the policy:

1. Any loss due to theft or damage to insured/Insured Person sports equipment and accessories during insured's entire journey if he does not get a written PIR (Property Irregularity Report) issued by the airline. For the purpose he shall be required to lodge the complaint with the airline immediately.

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2. Loss to sports equipment and accessories at any other time if insured does not report the loss or theft to the local police within 24hrs of discovering it and get a written police report from them.
3. Loss or damage caused by delay, wear and tear, moths, vermin, weather and atmospheric conditions or mechanical failure.
4. Loss or damage to sports equipment and accessories left unattended at any place.
5. Any loss or damage to the property due to confiscation or detention by any authority other than airline.
6. Any loss falling under the General Exclusions of the Policy
7. Any amount of loss that has already been compensated from the club.

c. Specific Conditions applicable to Sports Equipment Cover:

1. The Insured must keep the damaged property for inspection of the insurer or its authorized representative at any time after the loss is reported to the insurer.
2. The Insured shall be required to surrender the said damaged property to the insurer on demand by them at the time of final settlement of the claim or shall agree to deduct an appropriate salvage value from the claim amount admissible at the option of the insurers.
3. If the claim involves a part of a set of Property, the insurer liability shall be limited to the value of that part which has been damaged or lost during the trip.
4. Receipts for items lost, stolen or damaged or proof of ownership should be preserved properly so as to the Insured to substantiate his claim.
5. The insured shall preserve all his recovery rights against the Third Party and shall be required to subrogate the same to the insurer at the time of settlement of claim.
6. Maximum depreciation applicable under this benefit shall not exceed 50% in any event.

Endorsement no.31 – ADVENTURE SPORTS:**a. Coverage**

Any Injury / illness / diseases related to or contracted due to participation in any adventure sports activity will be covered under the base cover-Emergency Accidental Hospitalization and the optional covers- Emergency Medical Evacuation & Repatriation of Mortal remains, if opted on payment of requisite additional charges as agreed.

A Deductible as mentioned in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

This benefit will form part of Base Sum Insured.

Endorsement no.32 – CRUISE COVER:**a. Coverage**

The policy shall reimburse the following expenses incurred by the Insured Person in excess of the deductible upto a maximum of the Sum Insured as mentioned in Policy Certificate during the Policy Period:

1. Missed Port Departure

In the event where the insured / Insured person fails to arrive at the departure point in time to board the ship on which he has booked to travel on the initial journey of his trip as a result of:

- a) The failure of scheduled public transport on which the insured person is travelling
- b) An accident to or breakdown of the vehicle in which the insured person is travelling;

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c) An accident or breakdown occurring ahead of him on a motorway or dual carriageway which causes an unexpected delay to the vehicle in which Insured is travelling; or Strike, industrial action or adverse weather conditions,

The company shall reimburse the Insured / Insured Person reasonable additional accommodation (room only) and travel expenses necessarily incurred in joining the cruise ship journey at the next docking port up to the limit specified.

The Insurer's liability to make payment is only in excess of the Deductible as specified in policy schedule/certificate.

2. UNUSED EXCURSIONS

The policy shall reimburse the cost of pre-booked excursions, which insured / insured person were unable to use and which are not refundable from any other source as a direct result of being confined by the medical officer on the ship to insured/insured person own cabin due to an accident or illness which is covered Base Emergency Accidental Hospitalisation or the optional cover- Emergency Medical Expenses – Illness / Disease, if opted.

3. CRUISE INTERRUPTION

In the event of Insured/Insured person requiring hospital treatment on dry land due to temporary illness, the policy reimburse the amount specified in the policy schedule/certificate, the travel expenses incurred to reach the next port in order to re-join the cruise. The insured / insured person has to submit a certificate from the medical practitioner in attendance to confirm the insured/ insured person's unforeseen illness or injury.

A Deductible as mentioned in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

This benefit is over and above the Base Sum Insured.

Endorsement no.33 – DEBIT/CREDIT CARD FRAUD:**a. Coverage**

In the event of loss or Theft of the Insured Person's bank issued debit/credit/forex card in the place of visit within India whilst on a Trip, the Company shall reimburse the financial loss incurred by the Insured Person, arising out of any fraudulent utilization of such card from the time of such loss or Theft being reported until the time of such card being blocked by issuing bank, up to the limit of Sum Insured as specified in the Policy schedule/Certificate.

This Benefit shall be payable subject to the following:

- a. All claims made under this Benefit shall be payable in India and in Indian Rupees only.
- b. The Insured Person must have taken all reasonable steps to avoid any loss, damage or expense.
- c. The loss or Theft is to be reported to the issuing bank as soon as practicable, and a written police report is to be furnished to the Company.

A Deductible as mentioned in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

This benefit is over and above the Base Sum Insured.

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b. Specific Conditions applicable to Debit/Credit card fraud:

Any suit or legal proceedings against the Company under this section shall be filed and instituted in the court having jurisdiction in India only.

c. Specific Exclusions applicable to Debit/Credit card fraud:

The Company shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly caused by, arising from or in any way attributable to any of the following:

1. Any claims where the loss can or could have been recovered from any other source.
2. Any claims where the reporting procedures of the issuing bank have not been followed as soon as practicable from the time of the Insured Person becoming aware of the loss or Theft.
3. Any claim where loss or Theft is not notified to the local police as soon as practicable from the time of the Insured Person becoming aware of the loss or Theft.
4. Any claim arising out of a loss where Insured Person has left the card unattended.
5. Any costs incurred in procurement of a new card.
6. Any claims arising out of, or in connection with any contractual liability.
7. Any claim arising out of a loss where the Insured Person, his/her Immediate Family Member, relative, colleague, Travelling Companion or business staff is involved as an accomplice or accessory.
8. Any loss or damage of a consequential nature.
9. Any financial loss or liability due to misuse of card occurring after the time of reporting the loss or Theft to the issuing bank.
10. Any claim, which is in any manner fraudulent or supported by any fraudulent statement or device

Endorsement no.34 – LOSS OF GADGETS:**a. Coverage**

The policy shall reimburse the cost of replacement to the Insured/Insured Person for loss of Laptop, Tablet, Mobile phone, Drone, E-reading devices carried under personal baggage on a trip, due to any cause other than those excluded.

b. Special Exclusions applicable to Loss of Gadgets:

- a) The Excess stated in the policy Schedule/certificate to be borne by the Insured in any one occurrence. If, however, more than one property is lost or damaged in any one occurrence then the Insured shall not be called upon to bear more than the highest single deductible applicable to such properties.
- b) Loss or damage caused by any defects existing at the time of commencement of the present insurance within the knowledge of the Insured/Insured Person, whether such defects were known to the Company or not.
- c) Loss or damage as a direct consequence of wear and tear or of gradual deterioration due to atmospheric conditions.
- d) Any costs incurred in connection with the elimination of functional failures unless such failures were caused by an indemnifiable loss of or damage to the insured properties.
Any costs incurred in connection with the maintenance of the insured properties, such exclusion also applying to parts exchanged in the course of such maintenance operations.
- e) Loss or damage for which the manufacturer or supplier of the insured properties is responsible either by law or under contract.
- f) Loss of or damage to rented or hired property for which the owner is responsible either by law or under lease and/ or maintenance agreement.

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- g) Consequential loss or liability of any kind or description.
- h) Aesthetic defects, such as scratches on painted polished or enameled surfaces.

In respect of the parts mentioned under (h) above, the Company shall be liable to provide compensation in the event such parts are affected by an indemnifiable loss of or damage to the insured properties.

- k) Wilful misconduct/ negligence on the part of the Insured/Insured Person.
- l) Theft from car except from car of fully enclosed saloon type having all the doors, windows and other openings securely locked.
- m) Loss/damage while kept in a secure hotel room unless forcible entry was used to gain access to it.
- n) Loss/damage not reported to Police within 24 hours of the discovery of loss and a report obtained.
- o) Loss/damage due to confiscation or detention by Customs or any other public authority.
- p) Loss/damage while left unattended at a public place or in a public conveyance.
- q) Loss/damage while sent under contract of afreightment.
 - r) Loss or damage to equipment due to felonious assault, burglary

A Deductible as mentioned in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

This benefit is over and above the Base Sum Insured.

Endorsement no.35 – ALTERNATE EMPLOYEE/SUBSTITUTE EMPLOYEE EXPENSES:**a. Coverage**

The policy shall reimburse the cost of economy return fare incurred by the Insured/ Proposer towards sending an alternate employee for an uncompleted assignment, in case the original employee of the Insured who has been sent on an assignment and covered under this Policy, has to be transported back/repatriated to his/her usual place of residence in India, due to

1. Accident/Injury
2. Illness
3. Accidental death arising due to an injury whilst on trip.

A Deductible as mentioned in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

This benefit is over and above the Base Sum Insured.

b. Special Exclusion applicable to Alternate Employee/Substitute Employee Expenses

The following exclusions applicable to the Personal Accident section shall be applicable to this Section also as far as the accidental death due to injury of the original employee is concerned who is covered under the Policy as the Insured Person.

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

1. Any existing physical disability.

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2. Accidents due to sleep disorders, hypnosis, tolerance and / or withdrawal symptoms due to intake of psychoactive drugs, stimulants, sedatives, narcotics, hallucinogens.
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 (Including Cabin Crew) or which occurs during parachuting except when the Insured/Insured Person is flying as a Fare Paying passenger in a multi-engine, scheduled commercial aircraft or Air Charter company.
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. 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.
 - d. 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/certificate.
8. Any consequential loss or damage cost or expense of whatsoever nature.
9. Accidental Death or disablement resulting, directly 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 connected with or traceable to act of terrorism or terrorist activities.
11. Any exclusion mentioned in the 'General Exclusions' section of this Policy.

Endorsement no.36 –LOSS OF DEPOSIT OR CANCELLATION(HOTEL &AIRLINE):**a. Coverage****i. All Risk Cover:**

This Section shall reimburse expenses for necessary and unavoidable cancellation of Hotel and/ or Airline booking arrangement by the client.

The Company shall be liable to reimburse the forfeited, non-refundable prepaid payments if the Insured event occurs on the trip start date or within 24 hours prior to the trip start date.

The Company will reimburse for the forfeited, non-refundable prepaid payments, made prior to the Insured/ Insured Person's departure date after adjusting the proceeds of cancelling or preponing of the arrangement, if any.

ii. Bounced Hotel booking coverage:

In the event of hotel booking at destination point(s) being bounced i.e. Insured Person(s) could not obtain hotel

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accommodation services already booked for him on confirmed basis with the suppliers / agents within India due to non-supply of services, the Insurance Company shall reimburse to the extent of 80% of following expenses:

- d. Reasonable cost of Transportation expenses to the alternative hotel in the same class of accommodation and location.
- e. The difference of cost in up gradation to a superior class of accommodation, wherever alternate accommodation is not available on the cost of pre-booked hotel. For this benefit the Insured shall be required to furnish proof that the alternate accommodation on the cost of pre-booked hotel is not available in the same location in the form of a certificate issued by the Alternate Accommodation Service Provider

b. Special Exclusions applicable to Loss of Deposit or Cancellation (Hotel & Airline)

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

1. Common carrier-caused delays, including an announced, organized sanctioned union labour strike that affects public transportation, unless the commencement of the period of insurance is prior to a date when the strike is foreseeable and sufficient notice has been issued by way of local newspaper or any other media advisory on actual occurrence of such an event. A strike is foreseeable on the date the labour union members vote to approve a strike.
2. Travel arrangements cancelled or changed by an airline, cruise line, or tour operator, unless the cancellation is the result of inclement weather.
3. Changes in plans by the Insured/ Insured Person, an immediate family member, or travelling companion for any reason.
4. Adverse change in financial circumstances of the Insured/ Insured Person, any family member, or a travelling companion.
5. Any business or contractual obligations of the Insured/Insured Person, any family member, or a travelling companion, except for termination or layoff of employment of the Insured/Insured Person or the travelling companion of the Insured as defined above.
6. Default by the person, agency, or tour operator from whom the Insured / Insured Person bought this Policy and/or made travel arrangements.
7. Any government regulation or prohibition.
8. An event or circumstance, which occurs prior to the commencement of the period of insurance.
9. On account of a felonious assault, where the Insured/Insured Person, any family member of the Insured/Insured Person, the travelling companion or travelling companion's family member has been a principal or accessory in the assault committed.
10. Any exclusion mentioned in the 'General Exclusions' section of this Policy.

c. Special condition applicable to Loss of Deposit or Cancellation (Hotel & Airlines):

1. The benefits payable under this cover shall be upto the Sum Insured less any refunds paid or payable by the Hotel or Airline.
2. In the event that claims are submitted for Bounced Hotel Booking as well as under the optional cover – Bounced Hotel Booking (if opted), the higher of the claims shall be payable by the Company during any one period of insurance.

A Deductible as mentioned in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

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This benefit is over and above the Base Sum Insured.

Endorsement no.37 –TRAVEL LOAN SECURE:**a. Coverage**

The policy shall reimburse to the Insured Person in case the Insured Person has borrowed, for the purpose of this Trip, from an NBFC/Bank or any other entity authorized by relevant authorities in India. Indemnity will be provided for the following perils: Personal Accident Death, Permanent Total Disablement and permanent partial disability of the Insured Person within 180 days from the date of such bodily injury and such bodily injury is the sole and direct cause of his death or permanent total disablement Proceeds will be paid to the lending entity provided that the Insured Person has assigned benefits under this section of the policy in favor of the entity

Indemnity is provided to the extent of principal outstanding amount at the time of loss or Sum Insured as specified under this section in the Policy schedule/certificate whichever is lower.

A Deductible as mentioned in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

This benefit is over and above the Base Sum Insured.

b. Specific Conditions applicable to Travel Loan Secure:

This section does not cover the loan taken from any individual / firm / non-financial institution (including his/her own firm / company) other than Commercial Bank /licensed financial institutions.

c. Specific Exclusion applicable to Travel Loan Secure:

No claim under this section would be paid if the death is due to or caused by

1. Directly caused by contributed to related to or aggravated or prolonged by childbirth or pregnancy or in consequence thereof,
2. Due to participation in winter sports, skydiving, parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing, riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot holing, hunting or equestrian activities, skiing, diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), participation in any Professional Sports, any bodily contact sport or any other hazardous or potentially dangerous sports.
3. Any loss falling under general exclusion of the policy

Endorsement no.38 – MOBILITY AIDS ALLOWANCE:**a. Coverage**

If Insured Person has met with an Accident during the Policy period and sustained grievous bodily injuries for which treating Medical Practitioner gives a written medical advice for procurement of prosthetic device or equipment, then in addition to any amount payable under other Sections, the policy will reimburse the charges incurred by the Insured person for procuring medically necessary prosthetic devices up to the amount stated in the policy schedule/certificate.

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These devices are artificial devices replacing body parts, including artificial limbs, arms or eyes, orthopedic braces (including but not limited to Cane, Crutches, forearm crutch, Walkers, Walker cane hybrid, Gait trainers, Seated walking scooter, Wheelchairs and scooters, Stairlifts and similar devices, patient transfer devices and other aids of similar utility, arm, back or neck braces) and durable medical equipment (including but not limited to crutches, wheelchairs, power mobility devices, and hospital beds) which fulfils the insured person's basic medical needs consequent to an injury.

Durable medical equipment excludes spectacles, contact lenses, hearing aids, blood pressure monitoring machine, diabetes monitoring machine

This benefit is over and above the Base Sum Insured.

Endorsement no.39 – TRAVEL WITH PET COVER:**a. Coverage**

If the Insured Person is travelling with his Pet and during the Trip:

- (a) If the Insured Person's Pet suffers an Injury or Illness not related or attributed to any Pre-Existing condition, then the company will reimburse the medical expenses incurred towards the inpatient & / or outpatient treatment of the pet, or
- (b) If the Insured Person suffers an Injury or Illness due to which he is admitted in a Hospital and there is no one to take care of the pet, then the company will reimburse the expenses incurred towards the safe and comfortable stay of pet at the pet boarding house

Please be informed that:

- (a) The Insured Person's pet has been validly transported and accommodated in accordance with the rules of the Common Carrier, hotel or other provider of accommodation;

The Insured Person's pet is maintained by the Insured Person exclusively for company, protection or entertainment, and not for the purposes of commerce or research

This benefit is over and above the Base Sum Insured.

Endorsement no.40 – MISSED DEPARTURE:**a. Coverage**

If the Insured / Insured person cannot reach the original departure point of Insured/Insured persons booked journey or the onward or return journey due to below mentioned, the policy shall reimburse the cost for alternative travel arrangement (Common Carrier- Air/ Rail).

- inclement weather conditions;
- failure of public transport services;
- accident of the vehicle in which you are travelling, on the way to catch the return flight/ train journey;
- death of the Insured Person or the travelling Insured Person's parent, spouse or child;
- sudden Illness or injury causing hospitalisation of the Insured Person or the travelling Insured Person's parent, spouse or child.

The company shall pay such cost after adjusting the reimbursed made by the airline.

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This benefit is over and above the Base Sum Insured.

b. Special Exclusions applicable to Missed Departure:

This benefit does not cover any loss other than those mentioned above under the head "coverage", directly, in whole or in part, including loss caused by or resulting from any exclusion mentioned in the 'General Exclusions' section of this Policy.

Endorsement no.40A – MISSED DEPARTURE ON BENEFIT BASIS:**a. Coverage**

If the Insured / Insured person cannot reach the original departure point of Insured/Insured persons booked journey or the onward or return journey due to below mentioned, the policy shall pay a fixed benefit equal to the sum insured as specified in the policy schedule/certificate.

- inclement weather conditions;
- failure of public transport services;
- accident of the vehicle in which you are travelling, on the way to catch the return flight/ train journey;
- death of the Insured Person or the travelling Insured Person's parent, spouse or child;
- sudden illness or injury causing hospitalisation of the Insured Person or the travelling Insured Person's parent, spouse or child.

This benefit is over and above the Base Sum Insured.

b. Special Exclusions applicable to Missed Departure on benefit basis:

This benefit does not cover any loss other than those mentioned above under the head "coverage", directly, in whole or in part, including loss caused by or resulting from any exclusion mentioned in the 'General Exclusions' section of this Policy.

Endorsement no.41 – FLIGHT DIVERSION & CANCELLATION:**a. Coverage**

The policy shall reimburse the insured for the alternate expenses incurred for reaching the intended destination if the flight on which the insured was travelling as a fare paying passenger is diverted or cancelled as a result of major travel event (s) which are listed below.

Covered perils:

1. Air traffic congestion / Bad weather at the city airport making it impossible for the aircraft to land.
2. Strike by the airline authorities.
3. Industrial action or terrorist attack at the destination airport.

This benefit is over and above the Base Sum Insured.

b. Specific conditions applicable to Flight Diversion & Cancellation:

- (a) Insured can only claim under any one of the optional covers - of Trip Delay (Airways) or Missed Connection (Airways) or Missed Departure or Flight Diversion & Cancellation or Flight Delay, if opted

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- (b) Benefit shall not be applicable if such delay is foreseen by the Insured or that the Insured could have reasonably become aware of such delay in advance.
- (c) Any deviation from the originally scheduled route done at the instance of the Insured for reasons whatsoever.
- (d) Any occasion when the carrier has offered an alternative transport or connection or the Insured Person's ticket for the connecting flight could have been used for an alternative connection.

Endorsement no.41A – FLIGHT DIVERSION & CANCELLATION ON BENEFIT BASIS:**a. Coverage**

The policy shall pay a fixed benefit equal to the sum insured as specified in the policy schedule/certificate, if the flight on which the insured was travelling as a fare paying passenger is diverted or cancelled as a result of major travel event (s) which are listed below.

Covered perils:

1. Air traffic congestion / Bad weather at the city airport making it impossible for the aircraft to land.
2. Strike by the airline authorities.
3. Industrial action or terrorist attack at the destination airport.

This benefit is over and above the Base Sum Insured.

b. Specific conditions applicable to Flight Diversion & Cancellation on benefit basis:

- a) Insured can only claim under any one of the optional covers - of Trip Delay on Benefit basis (Airways)or Missed Connection on Benefit basis (Airways) or Missed Departure or Flight Diversion & Cancellation on benefit basis or Flight Delay on Benefit basis, if opted
- b) Benefit shall not be applicable if such delay is foreseen by the Insured or that the Insured could have reasonably become aware of such delay in advance.
- c) Any deviation from the originally scheduled route done at the instance of the Insured for reasons whatsoever.
- d) Any occasion when the carrier has offered an alternative transport or connection or the Insured Person's ticket for the connecting flight could have been used for an alternative connection

Endorsement no.42 – BAGGAGE DELAY IN COMMON CARRIER:**a. Coverage**

The policy will reimburse the insured upto the maximum of sum insured specified in the policy schedule/certificate towards purchasing necessary Personal Effects if the insured's Checked in-Baggage is delayed for more than number of hours as stated in the Policy Schedule / Certificate, from the time the insured arrived at the intended destination as stated on the ticket.

Please be informed that

- (a) The payment for this benefit will be limited to the travel destinations as specified in the insured's travel ticket (issued by Common Carrier). Insured must be a ticketed passenger on Common Carrier and must provide with written proof of delay from the common carrier.
- (b) If upon further investigation it is later determined that the insured's baggage checked with the Common Carrier has been lost, any amount claimed and paid to the insured under this section will be deducted from any payment due to the Insured under the optional cover-Baggage Loss in Common carrier (if opted).

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A Deductible as mentioned in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

This benefit is over and above the Base Sum Insured.

In addition to the General Exclusions listed in this Policy this coverage shall not cover any actual or alleged delay arising from detention, confiscation or distribution by customs, police or other public authorities.

Endorsement no.42A – BAGGAGE DELAY IN COMMON CARRIER ON BENEFIT BASIS:**a. Coverage**

The policy will pay a fixed amount equal to the sum insured specified in the policy schedule/certificate, if the insured's Checked in-Baggage is delayed for more than number of hours as stated in the Policy Schedule / Certificate, from the time the insured arrived at the intended destination as stated on the ticket.

Please be informed that

- a) The payment for this benefit will be limited to the travel destinations as specified in the insured's travel ticket (issued by Common Carrier). Insured must be a ticketed passenger on Common Carrier and must provide with written proof of delay from the common carrier.

A Deductible as mentioned in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

This benefit is over and above the Base Sum Insured.

In addition to the General Exclusions listed in this Policy this coverage shall not cover any actual or alleged delay arising from detention, confiscation or distribution by customs, police or other public authorities.

Endorsement no.43 – BAGGAGE LOSS IN COMMON CARRIER:**a. Coverage**

The policy will reimburse the cost of replacement of the entire baggage and its contents, if the entire piece of Checked -in- Baggage, held in the care, custody and control of a Common Carrier is lost due to theft or misdirection by a Common Carrier or non- delivery at its destination while the Insured is a ticketed passenger on the Common Carrier

This benefit is over and above the Base Sum Insured.

Please be informed that:

- (a) Maximum amount to be reimbursed per checked in baggage is 50% of the applicable Sum Insured.
- (b) Maximum value per Article contained in the checked in baggage is 10% of the applicable Sum Insured.
- (c) We will not pay more than the sum insured mentioned in the schedule/certificate for all the checked-in baggage.
- (d) The Insured Person has to obtain a property irregularity report from the Carrier confirming the loss.

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- (e) The cover is limited to the travel destinations specified in the main travel ticket from his/her usual place of residence.
- (f) The Company's payment will be reduced by any sum for which the Carrier is liable to make payment.
- (g) If We accept a claim under the optional covers-Baggage Delay in Common carrier or Delay of Checked-in Baggage (Airways), if opted and there is a subsequent claim under this Section in respect of the same baggage,
- (h) We will pay the difference between the amount due or paid under optional covers-Baggage Delay in Common carrier or Delay of Checked-in Baggage (Airways), if opted and the amount payable in respect of the claim under this section.
- (i) The policy will not make any payment for claim directly caused by, arising from or in any way attributable to:
 - a. Valuables, Money, any kinds of securities or tickets.
 - b. Any damage to the baggage or its contents including pilferage from the baggage.
 - c. Delay, detention, confiscation or distribution of baggage by customs, police or other public authorities.
 - d. Prohibited items as per the Carrier's Policy

Endorsement no.43A – BAGGAE LOSS IN COMMON CARRIER ON BENEFIT BASIS (AIRWAYS):**a. Coverage**

The policy will pay a fixed benefit equal to the sum insured as specified in the policy schedule/certificate, if the entire piece of Checked -in- Baggage, held in the care, custody and control of a Common Carrier is lost due to theft or misdirection by a Common Carrier or non- delivery at its destination while the Insured is a ticketed passenger on the Common Carrier

This benefit is over and above the Base Sum Insured.

Please be informed that:

- 1. We will not pay more than the sum insured mentioned in the schedule/certificate for all the checked-in baggage.
- 2. The Insured Person has to obtain a property irregularity report from the Carrier confirming the loss.
- 3. The cover is limited to the travel destinations specified in the main travel ticket from his/her usual place of residence.
- 4. The policy will not make any payment for claim directly caused by, arising from or in any way attributable to:
 - a. Valuables, Money, any kinds of securities or tickets.
 - b. Any damage to the baggage or its contents including pilferage from the baggage.
 - c. Delay, detention, confiscation or distribution of baggage by customs, police or other public authorities.
 - d. Prohibited items as per the Carrier's Policy

Endorsement no.44 – LOSS OF BAGGAGE AND PERSONAL BELONGINGS:**a. Coverage**

If, during the Period of Insurance, Personal Documents and/or Personal Effects owned by or in the custody of an Insured Person are damaged or lost, then the policy will reimburse the Insured Person the cost of replacement of

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the articles for any amount up to the Total Sum Insured stated in the policy Schedule/certificate. The Deductible, if applicable, shall be deducted from the Compensation payable.

This benefit is over and above the Base Sum Insured.

b. Specific Conditions applicable to Loss of Baggage and Personal Belongings:

1. All claims will be subject to the Company at its own discretion assessing the value of the claim based on the age and estimated wear and tear of the article that forms the basis of the claim.
2. If applicable and if payment has been made under the optional covers - Baggage Loss in Common carrier (Airways) or Total Loss of checked in Baggage (Airways) if opted, any amounts paid would be deducted from payment of a claim under this Section of the Policy.
3. If a Policyholder or Insured Person has other insurance against a loss covered by this Section, then the Company shall not be liable for a greater proportion of the loss than the applicable benefit under this Section bears to the total applicable benefit under all such insurance.

c. Specific Definitions applicable to Loss of Baggage and Personal Belongings:

- a. "**Personal Documents**" means an Insured Person's identity card (if applicable), ration card, voter identity card, passport, driving license.
- b. "**Personal Effects**" means an Insured Person's mobile, laptop or tablet.

d. Specific Claims Provisions applicable to Loss of Baggage and Personal effects:

In the event of a claim the Insured Person must:

1. give immediate written notice:
 - a. to the relevant Common Carrier in the event of loss or damage in transit;
 - b. to the relevant police authority in the event of loss or theft;
2. submit a copy of the relevant Common Carrier or police report when a claim is made;
3. obtain a Common Carrier or police report where the loss occurred;
4. in the event of loss by a Common Carrier, retain original tickets and baggage slips and submit them when a claim is made;
5. submit original purchase receipts in the event of claims regarding goods purchased during the Insured Journey; and
6. for claims involving jewellery, submit original or certified copies of valuation certificates issued prior to the commencement of the Period of Insurance, when a claim is made

For purposes of any claim hereunder:

1. a pair of skis, ski boots and accessories shall be regarded as one item;
2. bottles of perfume, aftershave, and make up shall together be regarded as one item;
3. the equipment and accessories of any sport that an Insured Person takes on a trip shall be regarded as one item.

e. Special Exclusions applicable to Loss of Baggage and Personal Effects:

The Company shall not be liable to pay any benefit in respect of any Insured Person for:

1. loss of cash, bank or currency notes, cheques, debit or credit cards or unauthorized use thereof, postal orders,

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- travellers cheques, travel, tickets, securities of any kind and petrol or other coupons.
2. mechanical or electrical breakdown or derangement or breakage of fragile or brittle articles, or damage caused by such breakage unless caused by fire or by Accident to the conveying vehicle.
 3. destruction or damage due to wear and tear, moth or vermin.
 4. baggage, clothing and personal effects dispatched as unaccompanied baggage.
 5. theft from a motor vehicle unless the property is securely locked in the boot and entry to such vehicle is gained by visible, violent and forcible means.
 6. loss or damage to sports equipment whilst in use, contact lenses, samples, tools.
 7. for loss, destruction, or damage due to delay, confiscation or detention by order of any government or Public Authority.
 8. for loss, destruction or damage directly occasioned by pressure waves, caused by aircraft or other aerial devices travelling at sonic or supersonic speeds.
 9. for loss, destruction or damage caused by any process of cleaning, dyeing, repairing or restoring.
 10. for loss, destruction, or damage caused by atmospheric or climatic conditions or any other gradually deteriorating cause.
 11. a claim involving animals.
 12. loss, including but not limited to loss by theft, or damage to vehicles or other accessories.
 13. for any loss that is not reported either to the appropriate police authority or transport carrier within twenty-four (24) hours of discovery or if the carrier is an airline if a property irregularity report is not obtained.
 14. baggage and/or personal effects sent under an airway-bill or bill of lading.
 15. contact lenses, glasses, hearing aids or bridges or dentures for a tooth or teeth.

Endorsement no.45 – TERRORISM COVER:**a. Coverage**

Notwithstanding any of the exclusions mentioned in the policy wordings, It is hereby understood and agreed that in consideration of payment of additional premium, the policy extends to cover claims due to Terrorism as defined under the policy for the Insured benefits vide Basic Emergency Accidental Hospitalisation or Base Personal Accident Cover or Endorsement no.4. Personal Accident-Common Carrier, if opted.

Endorsement no.46 – KEY REPLACEMENT:**a. Coverage**

If an insured person incurs expenses towards the following during the insured journey then the policy will reimburse upto the maximum sum insured as specified in the policy schedule/certificate for the following expenses:

1. Key Replacement – Reimbursement of the cost of replacing the insured's residence and/or vehicle keys which are lost or stolen. The covered cost is limited to the money you paid to a locksmith to produce a new key.
2. Break-in Protection – Reimbursement of the cost of replacing the Insured's locks and keys if the residence or vehicle is broken into. The covered costs include the labor cost for replacing the lock.
3. Lock Out Reimbursement – Reimbursement of the cost of obtaining a locksmith if the insured is locked out of his/her residence or the insured's vehicle due to the loss or theft of your keys.
4. Rental Car Reimbursement – Reimbursement of the reasonable cost of a rental car if the Insured's vehicle keys are lost or stolen and it will take more than 24 hours to replace them.

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b. Specific Exclusions applicable to Key Replacement:

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

1. costs other than those listed above
2. costs associated with lost or stolen keys for a residence other than the Insured's primary residence;
3. The cost to replace keys to vehicles that the Insured does not own for personal use;

c. Specific Conditions applicable to Key Replacement:

For break-in protection claims, the Insured must provide an official police report that indicates the incident happened within the covered time frame in order for us to pay the claim; unless you are legally incapable of doing so.

Endorsement no.47 – LOSS OF DOCUMENTS:**a. Coverage**

The policy will reimburse the actual expenses necessarily incurred by the insured to obtain the Duplicate or remake the Identity documents such as Driving License, PAN Card, Aadhar Card, Voter Id or any other identity proof, if he or she loses the same during the policy period

This benefit is over and above the Base Sum Insured.

b. Specific Exclusions applicable to Loss of documents:

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

1. transportation tickets, or other similar items or personal papers and payment cards;
2. losses that are caused by any events other than lost or stolen, such as fire, water, normal wear and tear, manufacturing defects, vermin, insects, cleaning or repairs, or similar events;
3. accidental damage to insured's wallet and items inside;
4. any fraudulent/unauthorized charges on the lost or stolen payment cards;
5. any identity theft related costs that are caused by lost or stolen personal papers or payment cards

c. Specific Conditions applicable to Loss of documents:

Insured must provide an official police report that indicates the incident happened within the covered time frame in order for us to pay the claim; unless you are legally incapable of doing so.

Endorsement no.48 – CHANGE FEE COVERAGE (AIRWAYS):**a. Coverage**

The policy shall reimburse the fees charged by the airline to change these dates up to the sum insured as specified in the policy schedule/certificate. (Note: Covered reasons include having your trip cancelled or interrupted for a covered reason listed — with the exception of cessation of operations — or because the Insured or a traveling companion are delayed by severe weather on the way to your flight as long as you allowed enough time to board your flight as scheduled.)

b. Co-Payment applicable to Change fee coverage (Airways):

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It is also hereby agreed and declared that the Insured Person shall bear a co-payment as specified in the Policy Schedule/Certificate. Co-Payment shall be applied on the admissible claim amount in respect of each and every claim.

This benefit is over and above the Base Sum Insured.

Endorsement no.49 – CYBER SECURITY:**a. Coverage**

The Policy shall reimburse the expenses incurred by the Insured Person during the Policy Period upto a maximum of the Sum Insured due to:

- a. Any fraudulent and unauthorized access to usage,
- b. deletion or alteration of your personal data stored in Insured's computer system including his/her digital devices, Defense and prosecution costs against identity theft occurring on Insured's legitimate Social Media account as a result of a cyber-attack,
- c. Repeated use of digital communications to harass or frighten the Insured, Computer program received through SMS, File transfer, downloaded programs from internet or any other digital means by his/her computer system including the digital devices maliciously designed to infiltrate and damage it without insured's consent, Funds wrongfully or erroneously paid by him/her as a direct result of Third Party's unauthorized targeted cyber intrusion into Insured's computer system,
- d. Any attempt to obtain his/her sensitive information such as usernames, passwords, and credit card details often for malicious reasons, by masquerading as a trustworthy entity through an electronic communication,
- e. A forgery or a wrongful manipulation of an E-mail header so that the message appears to have originated from the actual source Any liability arising out of unintended publication or broadcasting of any digital content resulting out of a Cyber Attack on your Computer System including your digital devices,
- f. A threat to cause a Privacy Breach, Data Breach or Cyber Attack,
- g. Any unauthorized disclosure of your personal data by a third party or any unauthorized access or use of your personal data stored in Third Party's computer system.

This benefit is over and above the Base Sum Insured.

Endorsement no.50 – IDENTITY THEFT:**a. Coverage**

If an insured person incurs expenses resulting in efforts to resolve the identity theft, and expenses can be submitted up to 12 months after you make a claim, we will pay (up to the maximum sum insured as specified in the policy schedule/certificate for this benefit) for the following expenses:

1. Legal Expenses – We will reimburse you for attorney and court fees incurred by you for:

- a. Defending any suit brought against you by a creditor or collection agency or someone acting on their behalf as a result of the identity theft;
- b. Removing any civil or criminal judgment wrongfully entered against you as a result of the identity theft;

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c. Challenging the accuracy or completeness of any information in your consumer credit report provided this information is inaccurate and falsely provided to the credit agency or financial institution as a result of identity theft.

2. Lost Wages - We will reimburse you for time taken from work solely as a result of your efforts to correct your financial records that have been altered due to identity theft. Payment of lost wages includes compensation for whole or partial unpaid workdays. You must take these unpaid days within 12 months of making a claim

3. Obligation to pay - If any credit accounts and or bank accounts were opened in your name without your authorization, we will pay for your actual loss from the unauthorized account. We will pay for your legal obligation to pay a creditor when the account was created as part of your identity theft.

4. Miscellaneous Expenses – We will reimburse the following expenses:

- a. The cost of re-filing applications for credit accounts or banking accounts that are rejected solely because the lender received incorrect information as a result of identity theft;
- b. The cost of notarizing documents related to your identity theft, long distance telephone calls, and certified mail reasonably incurred as a result of your efforts to report an identity theft or to correct your financial and credit records that have been altered as a result of your identity theft;
- c. The cost of contesting the accuracy or completeness of any information contained in your credit history as a result of your identity theft;
- d. The cost of a maximum of 4 (four) credit reports from an entity approved by us. The credit reports shall be requested when you make a claim.

This benefit is over and above the Base Sum Insured.

b. Specific Exclusions applicable for Identity Theft:

We will not pay for any expenses or loss as a result of:

1. Monetary losses other than those covered above
2. Any physical injury, sickness, disease, disability, shock, mental anguish and mental injury including required care, loss of services or death;
3. Requesting credit reports before the discovery of your identity theft;
4. Taking time from self-employment or workdays that will be paid by your employer in order to correct your financial records that have been altered due to identity theft.

c. Specific Conditions applicable for Identity Theft:

1. The fraudulent account must have been opened in your name without your authorization.
2. Any false charge or withdrawal from the unauthorized opened account must be verified by your financial institution.
3. Coverage for false charges is limited to the amount you are held liable for by the financial institution.
4. We will be permitted to inspect your financial records.
5. You will cooperate with us and help us to enforce any legal rights you or we may have in relation to your identity theft; this may include your attendance at depositions, hearings and trials, and giving evidence as necessary to resolve your identity theft.
6. You will only have to pay one deductible per identity theft occurrence during the policy period.

Endorsement no.51 – CARRIER CANCELLATION:**a. Coverage**

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The policy shall reimburse the expenses incurred up to the Sum Insured specified in the policy schedule/certificate, if the Insured's booked and confirmed journey is cancelled within 3 hours prior to the scheduled departure by the Common Carrier, provided that the Insured Person provides Us with a written proof from the Common Carrier of the cancellation of the journey unless this proof is available to Us directly from a reliable source in the public domain.

The company shall not be liable to reimburse any expenses under this for any cancellation of the journey by the Insured Person.

A Deductible as mentioned in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

This benefit is over and above the Base Sum Insured.

Endorsement no.51A – CARRIER CANCELLATION ON BENEFIT BASIS:**a. Coverage**

The policy shall pay a fixed benefit equal to the Sum Insured specified in the policy schedule/certificate, if the Insured's booked and confirmed journey is cancelled within 3 hours prior to the scheduled departure by the Common Carrier, provided that the Insured Person provides Us with a written proof from the Common Carrier of the cancellation of the journey unless this proof is available to Us directly from a reliable source in the public domain.

The company shall not be liable to reimburse any expenses under this for any cancellation of the journey by the Insured Person.

This benefit is over and above the Base Sum Insured.

Endorsement no.52 – DIGITAL CAMERA INSURANCE:**a. Coverage**

The Company hereby agrees with the Insured (subject to the Exclusions & Conditions contained herein or endorsed hereon) that if at any time during the Policy Period, the Digital Camera insured and as defined in the policy shall suffer any unforeseen and sudden physical loss or damage from any cause whilst a trip during the policy period, other than those specifically excluded, in a manner necessitating repair or replacement, the Company will indemnify the Insured Person in respect of such loss or damage upto the maximum of the Sum Insured subject to a Co-payment as mentioned in the Policy Certificate.

b. Specific Exclusion applicable to Digital Camera Insurance:

The Company shall not, however, be liable for

1. Loss or damage caused by any faults or defects existing at the time of commencement of the present insurance within the knowledge of the Insured, or his representatives, whether such faults or defects were known to the Company or not;
2. Loss or damage as a direct consequence of the continual influence of operation (eg. wear and tear, cavitations, erosion, corrosion, incrustation) or of gradual deterioration due to atmospheric conditions;
3. any costs incurred in connection with the maintenance of the Digital Camera, such exclusion also applying to parts exchanged in the course of such maintenance operations;

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4. loss or damage for which the manufacturer or supplier of the Digital camera is responsible either by law or under contract;
5. loss of or damage to rented or hired Digital Camera for which the owner is responsible either by law or under a lease and/or maintenance agreement;
6. consequential loss or liability of any kind or description;
7. aesthetic defects
8. any Digital Single Lens Reflex (DSLR) camera purchased 30 days prior to the inception of this policy.
9. Damage due to Pollution: any damage, loss or destruction to the Digital Camera on account of pollution or contamination

c. Specific Conditions applicable to Digital Camera Insurance:

1. In cases where damage to the Digital Camera can be repaired the Company shall pay the expenses necessarily incurred to restore the damaged camera to its former state of serviceability
2. In cases where the Digital Camera is destroyed, the Company will pay the actual value of the item immediately before the occurrence of the loss
3. the cost of any alterations, improvements or overhauls shall not be recoverable under this cover
4. in cases where the Digital Camera is subjected to total loss and meanwhile it becomes obsolete, all costs necessary to replace the lost or damaged Digital Camera with a follow-up model of similar type and similar quality will be reimbursed.
5. The Company will make payments only after being satisfied, with necessary bills and documents that the repairs have been effected or replacements have taken place, as the case may be.

d. Warranty applicable to Digital Camera Insurance:

It is warranted that the Maintenance Agreement in force at the inception of this policy is maintained during the currency of this policy and no variation in the terms of the Agreement shall be made without the written consent of the Company being obtained.

For the purpose of this warranty the word 'Maintenance' shall mean the following:

1. Safety Checks
2. Preventive Maintenance
3. Rectification of loss or damage or faults arising from normal operations as well as from ageing

e. Co-Payment applicable to Digital Camera Insurance:

It is also hereby agreed and declared that the Insured Person shall bear a co-payment as specified in the Policy Schedule/Certificate. Co-Payment shall be applied on the admissible claim amount in respect of each and every claim.

This benefit is over and above the Base Sum Insured.

Endorsement no.53 – ALL RISK CANCELLATION:**a. Coverage**

The policy will reimburse the Insured/Insured Person, the cost of ticket booked to travel by a Common Carrier for the Trip, up to the limit specified in the Policy Schedule/certificate and deductible as applicable, which are unrecoverable from any other sources, if Your Trip needs to be cancelled prior to commencement from Your place of residence or place of origin schedule from the departure date and time of the common carrier.

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OR

If scheduled Common Carrier on which Insured was booked to travel is cancelled by the carrier authorities before one week of the scheduled date & Time of departure, and if the Insured has opted for refund of the ticket cost due to the time gap between alternate Common Carrier offered by the carrier Company and originally booked Common Carrier is of more than 2 hours, then We will pay difference in ticket cost booked by the Insured from other Carrier.

This benefit is over and above the Base Sum Insured.

b. Special Condition applicable to All Risk Cancellation:

- i. Our payment will be reduced by any sum for which the Common Carrier is liable to make payment
- ii. The city of destination on ticket booked from other carrier should be same as originally booked travel ticket which was cancelled.
- iii. Any claim paid to the Insured Person under optional covers- Trip Cancellation and/or Interruption or Travel Inconvenience or Loss of Deposit or cancellation (Hotel & Airline) (if opted) shall invalidate the claim payment under this benefit.

c. Co-Payment applicable to All Risk Cancellation:

It is also hereby agreed and declared that the Insured Person shall bear a co-payment as specified in the Policy Schedule/Certificate. Co-Payment shall be applied on the admissible claim amount in respect of each and every claim.

Endorsement No.54. AUTOMATIC EXTENSION FOR 7 DAYS:**a. Coverage:**

The policy shall extend automatically as upto 7 days from the date of expiry of the policy as mentioned in the Policy schedule, in the event of delay or cancellation of the departure of the Common Carrier in which the Insured Person was booked to return back home and which is beyond the control of the Insured Person and no alternative transportation was available to the Insured Person to return.

Subject otherwise to all the other terms, conditions, limitations and exceptions of the policy.

ANNEXURE – I**CLAIM DOCUMENTATION APPLICABLE TO VARIOUS COVERS UNDER THE POLICY**

Claim documents to be submitted in addition to filled and signed claim form, KYC documents. However, depending upon the peculiarity of the case, the Company may seek for additional documents / information's, if necessary. Additionally, the original ticket / boarding pass indicating the date of travel must also be submitted with every claim, along with the completed Claim Form

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Covers	Claim Documents
Emergency Accidental Hospitalization	<ul style="list-style-type: none"> • Medical reports and discharge summary issued by the hospital or prescriptions and medical records from the medical practitioner furnishing the name of the insured, period of treatment and details of treatment rendered i.e. line of treatment and final diagnosis. • Original hospital bills with proper description of services rendered and payment receipts towards expenses incurred • Attending Surgeon's/Medical Practitioner's Prescription advising hospitalization • Name, Address and Phone number of the local medical officer/family physician in India. • And any other document as may be appropriately applicable for the claims preferred under this section of the Policy • FIR/MLC copy
OPD Emergency Medical Expenses	<ul style="list-style-type: none"> • Prescription from the medical practitioner • Original bills with proper description of services rendered and payment receipts towards expenses incurred
Personal Accident Covers	<p><u>Accidental Death</u></p> <ul style="list-style-type: none"> • 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 attending doctor • 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. <p><u>Permanent and Partial Disablement:</u></p> <ul style="list-style-type: none"> • Police report in original if the accident shall have taken in the public place or premises • 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. • 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. <p>Depending upon the peculiarity of the case, additional documents/information's will be asked for</p>

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Policy Wordings

Covers	Claim Documents
Emergency Medical Expenses – Illness / Disease	<p>Medical reports and discharge summary issued by the hospital or prescriptions and medical records from the medical practitioner furnishing the name of the insured, period of treatment and details of treatment rendered i.e. line of treatment and final diagnosis.</p> <ul style="list-style-type: none"> • Original hospital bills with proper description of services rendered and payment receipts towards expenses incurred • Attending Surgeon's/Medical Practitioner's Prescription advising hospitalization • Name, Address and Phone number of the local medical officer/family physician in India. • And any other document as may be appropriately applicable for the claims preferred under this section of the Policy
Emergency Medical Evacuation & Repatriation of Mortal remains	<ul style="list-style-type: none"> • Medical reports (Presenting complain, Diagnosis, Treatment given, Discharge condition etc.) and transportation details issued by the evacuation agency, prescriptions and medical report by the attending Medical Practitioner furnishing the name of the Insured Person and details of treatment rendered along with the statement confirming the necessity of evacuation; • Documentary proof for all expenses incurred towards the Medical Evacuation. • Copy of the death certificate,(Also providing details of the place, date, time, and the circumstances and cause of death;) • Copy of the postmortem certificate, if conducted; • Documentary proof for expenses incurred towards disposal of the mortal remains including the name of the airlines, burial details, expenses incurred, other incidental cost with bifurcation of expenses. • In case of transportation of the body of the deceased to the Place of Residence, the receipt for expenses incurred towards preparation and packing of the mortal remains of the deceased and also for the transportation of the mortal remains of the deceased. • Quotation or estimate of repatriation cost • Invoices (Itemized) and money receipts in original for the amount claimed.
Dental Treatment Expenses	<ul style="list-style-type: none"> • Dental Records (Presenting complain, diagnosis, treatment given) All the test and X-ray reports • Prescription from the doctor • Name, address, contact no, fax no, e-mail id of the Local Medical Officer (LMO)/ Dentist in India Invoices (itemized) and Money receipts in original for the amount claimed
Compassionate Visit	<ul style="list-style-type: none"> • Medical record of the patient. Discharge Summary, Presenting complain, diagnosis, treatment given, etc.) Certificate from the Treating Medical Officer mentioning the need for a companion (If no adult member from the family is available) • Money receipts in original for expenses incurred towards air tickets and stay of the insured/Immediate Family Member
Hijack Distress Allowance (Airways)	<ul style="list-style-type: none"> • Police report confirming the incident. It should contain the passport number of the insured and period of hijacking • Letter from the airline clearly stating period of hijack and media • Coverage details.(e.g. photograph, videos, newspaper cutting
Child Escort	<ul style="list-style-type: none"> • Original ticket(s) used for the travel by the Minor Child(ren) back to the home town
Total Loss of checked in Baggage (Airways)	<ul style="list-style-type: none"> • Air tickets along with boarding passes • Copy of baggage tag's • Property Irregularity Report issued by the Common Carrier mentioning the number of

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Covers	Claim Documents
	<p>baggage's checked-in.</p> <ul style="list-style-type: none"> • 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 Rs.5000/- under Total loss of Checked-in Baggage
Delay of Checked-in Baggage (Airways)	<ul style="list-style-type: none"> • Air tickets and boarding pass • Property Irregularity Report issued by the Common Carrier. • Certificate from airline authorities clearly stating the date and time of delay and delivery of the baggage. • Original bills towards toiletries, medication and clothing during the delay period under Delay of Checked-in Baggage • Letter/communication clearly stating the compensation details offered by the Airlines/Third Party
Trip Cancellation and/or Interruption	<ul style="list-style-type: none"> • Proof of death or hospitalization of Insured Person or of spouse, parents & children. (if applicable) • Medical reports and doctors statement if trip is cancelled or interrupted due to medical reasons. (if applicable) • Termination letter from the Company if trip is cancelled due to employments.(if applicable) • Letter from the airlines clearly mentioning the reason of cancellation and interruption of flight(if applicable) • Proof of material loss or damage to the property (e.g. police report, media coverage) (if applicable) • Copy of complete schedule itinerary for all the sectors • Copy of new itinerary in case trip got reschedule along with boarding passes or tickets as applicable • Copies of reimbursement statements issued by the common carrier, airport facility, car rental agency, travel agent, hotel/ motel or other similar establishment or any other insurance Company providing reimbursement to you for the loss • All original bills and receipts for expenses which got forfeited, non-refundable in nature. All original bills and receipts for additional reasonable and necessary transportation expenses and accommodation charges due to interruption of schedule flight
Missed Connection (Airways)	<ul style="list-style-type: none"> • Copy of complete schedule itinerary for all the sectors • Copy of new itinerary in case trip got reschedule along with boarding passes • Copies of reimbursement statements issued by an airline carrier, airport facility, car rental agency, travel agent, hotel/ motel or other similar establishment or any other insurance Company providing reimbursement to you for the loss • All original bills and receipts for expenses which got forfeited, nonrefundable in nature. • All original bills and receipts for additional reasonable and necessary transportation expenses and accommodation charges due to interruption of schedule flight.
Trip Delay (Airways)	<ul style="list-style-type: none"> • Original bills and receipts towards reasonable additional expenses during the delay i.e. meals and lodging • Letter from the airline clearly stating the period of delay

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Covers	Claim Documents
	<ul style="list-style-type: none"> • Copy of boarding pass for the schedule trip and actual trip • Covering Letter with sequence of events
Emergency accommodation due to Trip Delay (Airways)	<ul style="list-style-type: none"> • Letter in original mentioning the reason with refund details (If any) from the hotel or concern authority where you were originally supposed to stay but could not stay • Booking confirmation • Money receipt in original for the expenses made towards the extra cost of travel and accommodation
Flight Delay	<ul style="list-style-type: none"> • All original bills and receipts for additional reasonable and necessary transportation expenses • Copies of reimbursement statements issued by an airline carrier, airport facility, car rental agency, travel agent or other similar establishment or any other insurance Company providing reimbursement to you for the loss
Over Booked- Common Carrier (Airways)	<ul style="list-style-type: none"> • Copies of boarding pass, ticket, and baggage tags. • Original letter from the concerned Airline confirming the overbooked flight & when the next alternative transportation is available with refund or compensation amount if any. • Money receipt in original for the expenses made towards reasonable additional cost incurred for staying in a similar hotel or purchasing a new ticket • Original Air ticket/itinerary, where you were originally supposed to travel
Bounced Hotel booking	<ul style="list-style-type: none"> • All original bills and receipts for additional reasonable and necessary transportation expenses and accommodation charges • In case of superior class of accommodation, proof that the alternate accommodation on the cost of pre-booked hotel is not available in the form of a certificate issued by the Alternate Accommodation Service Provider
Travel Inconvenience	<ul style="list-style-type: none"> • Proof of death or hospitalization of Insured Person or of Immediate Family Member (if applicable) • Medical reports and doctors statement if trip is cancelled or interrupted due to medical reasons. (if applicable) • Termination letter from the Company if trip is cancelled due to employments.(if applicable) • Proof of material loss or damage to the property (e.g. police report, media coverage) (if applicable) • Reason for refusal or delay of Visa from the concerned authority • Copies of reimbursement statements issued by the common carrier, airport facility, car rental agency, travel agent, hotel/ motel or other similar establishment or any other insurance Company providing reimbursement to you for the loss • Newspaper cutting/Media report - Depending upon the peculiarity of the case • Police report (wherever applicable) • All original bills and receipts for expenses which got forfeited, non-refundable in nature.
Travel Service Supplier Insolvency	<ul style="list-style-type: none"> • Copy of complete schedule itinerary • Copy of new itinerary in case trip got reschedule along with boarding passes /tickets as applicable • Copies of reimbursement statements issued by the common carrier carrier, airport facility, car rental agency, travel agent, hotel/ motel or other similar establishment or any

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Covers	Claim Documents
	<p>other insurance Company providing reimbursement to you for the loss</p> <ul style="list-style-type: none"> • All original bills and receipts for expenses which got forfeited, non-refundable in nature. • All original bills and receipts for additional reasonable and necessary transportation expenses and accommodation charges
Car Rental Excess Insurance	<ul style="list-style-type: none"> • Car rental agreement. • Copy of Police Report • Copy of the car rental company's accident damage report which shows the detail of each of the costs incurred, Photo evidence of the damage, itemized repair invoices/ receipts / other documents confirming the breakup of the amount Insured have paid in respect of accidental damage or loss for which the car rental company holds you responsible • Original Payment Receipt from Car Rental Company for the excess settled towards the claim • Copy of your credit card statement or payment instrument showing payment of the damages claimed, copy of the driving license of the Insured driver
Personal Liability	<ul style="list-style-type: none"> • FIR/Police Report • Sequence of the events leading to Personal Liability • Witness Statement • Copy of policy report(in case of legal case) • Copy of the court award- Notice from the Third party claiming the amount
Legal expenses	<ul style="list-style-type: none"> • Medical report from the attending doctor abroad. • Death Certificate (For Death Case) • Post Mortem Report (For Death Case) • Copy of FIR / Police Report • Sequence of events • Certificate of disability from civil surgeon or any other equivalent recognized doctor authorized by state government. • Original invoices and receipts of legal expenses
Home Burglary Insurance (Contents)	<ul style="list-style-type: none"> • Copy of first information report/policy report. • Copy of final investigator report/non-detectable certificate issued by the police authorities/magisterial order. • Original receipts for all items claimed. If not available, provide description of items and the date, place and price of purchase • Panchnama • Letter of undertaking/subrogation form obtained from the insured.
Chola Ms Bharat Griha Raksha Policy	<ul style="list-style-type: none"> • Fire Department report/Police report. • Original receipts for all items claimed. If not available, provide description of items and the date, place and price of purchase • Panchnama • Newspaper cutting/Media report - Depending upon the peculiarity of the case, additional documents/information's will be asked for

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Covers	Claim Documents
Financial Emergency Assistance	<p>FIR/Police report lodged at the place of loss within 24 hours.</p> <ul style="list-style-type: none"> • Details of items robbed -Details of funds (Cash, credit/debit cards, travelers cheque available) available with you • Sequence of events • Please confirm if you are staying alone or with any friends, family, relatives. • Details of travel history for past 5 years • Details of travel insurance taken in past 3 years prior to this policy
Pet Care	<ul style="list-style-type: none"> • Medical Record • Prescription from the Veterinary Doctor • Invoices (itemized) and Money receipts in original for the amount claimed • A confirmation letter from the person, who was taking care of your pet during your trip abroad
Sports Equipment cover	<ul style="list-style-type: none"> • Copy of Hire Agreement in case of hired sports equipment or original proof of ownership • Receipts for items lost, stolen or damaged
Adventure Sports	<ul style="list-style-type: none"> • Operator's license • Copy of Police report
Cruise cover	<ul style="list-style-type: none"> • Booking confirmation • Written proof from the public transport on the Accident, Breakdown of the Common Carrier • Money receipt in original for the expenses made towards the extra cost of travel and accommodation • Medical Report on the illness or accidental injury suffered by the insured from the Medical Officer of the ship (if applicable) • All original bills and receipts for expenses which got forfeited, non-refundable in nature.
Debit / Credit Card - Fraud	<ul style="list-style-type: none"> • Copy of first information report/policy report. • Bank Statement on the transactions made without Insured authorizing the same.
Loss of Gadgets	<ul style="list-style-type: none"> • Copy of first information report/policy report. • Original invoice/receipt evidencing the proof of purchase • Ownership of the lost gadget, or document evidencing the authorized custody of the same, if such gadget is provided by his/her employer/business organization
Alternate Employee/Substitute Employee Expense	<ul style="list-style-type: none"> • Medical records • Medical certificate from the attending physician establishing illness/accident • Original tickets and boarding pass of the substitute employee • Proof towards obtaining a new ticket for alternative employee
Loss of Deposit or Cancellation (Hotel & Airline)	<ul style="list-style-type: none"> • Copies of boarding pass, ticket, and baggage tags. • Original letter from the concern authority mentioning the amount paid to them or contracted to be paid due to the booking. Also confirming the cancellation and refund details If any • Original tickets/itinerary, where you were originally supposed to travel • Medical record (If the cancellation was due to any medical reason) • Money receipt in advance for the amount paid or contracted to be paid due to the booking.
Travel Loan Secure	<ul style="list-style-type: none"> • Documents as per Personal Accident Section • Loan Statement from the Bank with the Outstanding Principal Loan Amount details

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Covers	Claim Documents
Mobility Aids Allowance	<ul style="list-style-type: none"> • Dr. Prescription and Original Payment receipts for purchase of Mobility Aids
Travel with Pet cover	<ul style="list-style-type: none"> • Medical Records • Prescription from the Veterinary Doctor • Invoices (itemized) and Money receipts in original for the amount claimed • A confirmation letter from the pet boarding house, who was taking care of your pet during your hospitalisation
Missed Departure	<ul style="list-style-type: none"> • Written proof from the public transport on the Accident, Breakdown or the Travel event or delayed arrival of the inward flight
Flight Diversion & Cancellation	<ul style="list-style-type: none"> • Letter from the airline clearly stating the period of delay/Cancellation • Covering Letter with sequence of events • Original Air ticket/itinerary, where you were originally supposed to travel
Baggage Delay in Common carrier	<ul style="list-style-type: none"> • Property Irregularity Report issued by the Common Carrier. • Certificate from the Common Carrier clearly stating the date and time of delay and delivery of the baggage.
Baggage Loss in Common carrier	<ul style="list-style-type: none"> • Copy of baggage tag's • Property Irregularity Report issued by the Common Carrier mentioning the number of baggage's checked-in. • FIR/Policy complaint on loss of baggage • Original Certificate from the Common Carrier stating that baggage has been lost along with compensation details • Adequate proof of ownership of items contained within checked-in baggage.
Emergency accommodation due to Trip Delay	<ul style="list-style-type: none"> • Authentication letter from the Common Carrier on the Inclement weather • News Paper cutting or media coverage available in the public domain on the occurrence of the Insured Contingency details.
Loss of baggage and Personal Belongings	<ul style="list-style-type: none"> • Copy of Police Report • Original Payment receipts for the expenses incurred to replace the lost baggage and its contents
Key Replacement	<ul style="list-style-type: none"> • Copy of Police Report • Receipts for replacing locks and/or keys • Cost of Labor • Copy of Rental car Agreement (if applicable)
Loss of Documents	<ul style="list-style-type: none"> • Copy of Police Report • Copy of application made to the respective Government Authority for duplicate or for remaking the same
Change Fee Coverage (Airways)	<ul style="list-style-type: none"> • Proof of death or hospitalization of Insured Person or of Immediate Family Member (if applicable) • Medical reports and doctors statement if trip is cancelled or interrupted due to medical reasons. (if applicable) • Termination letter from the Company if trip is cancelled due to employments.(if applicable) • Proof of material loss or damage to the property (e.g. police report, media coverage) (if applicable)

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Covers	Claim Documents
	<ul style="list-style-type: none"> • Reason for refusal or delay of Visa from the concerned authority • Newspaper cutting/Media report - Depending upon the peculiarity of the case • Police report (wherever applicable) • Tickets originally booked and rescheduled
Cyber Security	<ul style="list-style-type: none"> • Police Report • Documentary proof evidencing the fraud committed
Hotel Cancellation	<ul style="list-style-type: none"> • Written statement from the Accommodation provider with reasons for denying the confirmed booking of the Insured
Identity Theft	<ul style="list-style-type: none"> • Police Report • Provide proof that it was necessary to take time away from the Insured's work if a claim is made under lost wages. The Company will ask the Insured to submit proof from the Insured's employer that the Insured took unpaid days off, and Insured must have this information notarized; • Submit copies of any demands, notices, summonses, complaints, or legal papers received in connection with a covered loss; • Authorisation for us to obtain records and other information such as credit reports (if applicable) within 3 days of making the claim
Carrier Cancellation	<ul style="list-style-type: none"> • Copy of complete schedule itinerary for all the sectors • Copies of reimbursement statements issued by the common, airport facility, car rental agency, travel agent, hotel/ motel or other similar establishment or any other insurance Company providing reimbursement to you for the loss • All original bills and receipts for expenses which got forfeited, non-refundable in nature. • Written proof from the Common Carrier of the cancellation of the journey
Digital Camera Insurance	<ul style="list-style-type: none"> • Proof of Ownership • Bills and documents for the repairs or replacements made, as applicable
All Risk Cancellation	<ul style="list-style-type: none"> • Copy of complete schedule itinerary for all the sectors • Copies of reimbursement statements issued by the common carrier, airport facility, car rental agency, travel agent, hotel/ motel or other similar establishment or any other insurance Company providing reimbursement to you for the loss • All original bills and receipts for expenses which got forfeited, non-refundable in nature.

Annexure-2 (attached to and forming part of policy wordings)**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;

LIST I – NON MEDICAL EXPENSES EXCLUDED UNDER THE POLICY	
Sl. No.	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS / BRACES
5	BUDS
6	COLD PACK / HOT PACK

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IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977

**GROUP DOMESTIC TRAVEL INSURANCE**

CHOTGDP23004V012223

Policy Wordings

7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICES CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	TELEVISION CHARGES
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG/SHORT/HINGED)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT

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**GROUP DOMESTIC TRAVEL INSURANCE**

CHOTGDP23004V012223

Policy Wordings

51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES – SPECIAL NURSING CHARGES
53	SUGAR FREE TABLETS
54	CREAMS POWDER LOTIONS (TOILETRIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED (DELIVERYKIT, ORTHOKIT, RECOVERY KIT, ETC)
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY

LIST 11 – ITEMS THAT ARE TO BE SUBSUMED INTO ROOM CHARGES

1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAUODE-COLOGNE/ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES

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**GROUP DOMESTIC TRAVEL INSURANCE**

CHOTGDP23004V012223

Policy Wordings

25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSE
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

LIST III – ITEM THAT ARE TO BE SUBSUMED INTO PROCEDURE CHARGES

1	HAIR REMOVAL CREAM
2	DISPOSABLE RAZORS CHARGES (FOR SITE PREPARATIONS)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD, CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSACPEL, SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

LIST IV – ITEMS THAT ARE TO BE SUBSUMED INTO COSTS OF TREATMENT

1	ADMISSION / REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION / DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP / CAPD EQUIPMENTS

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**GROUP DOMESTIC TRAVEL INSURANCE**

CHOTGDP23004V012223

Policy Wordings

7	INFUSION PUMP – COST
8	HYDROGEN PEROXIDE\SPIRIT\DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES – DIETICIAN CHARGES – DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION/STERILLIUM
17	GLUCOMETER & STRIPS
18	URINE BAG

This is for IRDAI Information Only

Some of the contents shown in policy wordings might be applicable for certain Sections and not generic, e.g. some contents are useful for "Trip Delay" cover only. The Company intends to use the contents dynamically based on the coverage offered to the Policyholder/Insured; e.g. If the Insured Person doesn't opt for "Trip Delay", then wording, terms and conditions related to this Specific Section will not be shown on the Policy Wordings. Similarly, general exclusions or general conditions which might not be applicable for Sections chosen by Policyholder/Insured will not be shown. Idea of doing this is to make policy wording more apt and concise to customer need and provide relevant information to customer.

Well Baby Well Mother- Add On Wordings

Air Ambulance Cover

In consideration of the payment of additional premium to Us, We will cover the expenses incurred on air ambulance services in respect of an Insured Person which are offered by a healthcare or an air ambulance service provider and which have been used during the Policy Period to transfer the Insured Person to a Hospital or transfer from one hospital to another with adequate emergency facilities for the provision of Emergency Care, provided that:

- i. Our maximum liability under this Benefit for any and all claims arising during the Policy Year will be restricted to the Sum insured as stated in the Policy Schedule;
- ii. The maximum distance of travel undertaken is 150 kms. In case of distance travelled is more than 150 kms, proportionate amount of expenses upto 150 kms shall be payable.

Example: If insured has travelled a distance of 300kms using an air ambulance we will pay 50% of the total cost or Sum Insured whichever is lower. (Eligibility/Actual distance travelled : 150kms/300kms = 0.5)

- iii. It is for a life threatening emergency health condition/s of the Insured Person which requires immediate and rapid ambulance transportation from the place where the Insured Person is situated at the time of requiring Emergency Care to a hospital provided that the transportation is for Medically Necessary Treatment, is certified in writing by a Medical Practitioner, and road ambulance services cannot be provided.
- iv. Such air ambulance providing the services, should be duly licensed to operate as such by a competent government Authority.
- v. This cover is limited to transportation from the area of emergency to a Hospital providing emergency care which is not available at the place of origin and from one medical centre to another. ;

We will not cover:

- a. Transfer of the Insured Person from one medical facility to another medical facility of similar capabilities which provides a similar level of care.
- b. Any transportation of the Insured Person from Hospital to the Insured Person's residence after he/she has been discharged from the Hospital
- c. Any transportation or air ambulance expenses incurred outside the geographical scope of India.
- d. Attempt at suicide
- e. Injuries resulting from participation in acts of war or insurrection
- f. commission of unlawful acts
- g. Incidents involving use of drugs unless prescribed by a medical practitioner
- h. We have accepted a claim under Section II.A.1 in respect of the Insured Person for the same Accident/Illness for which air ambulance services were availed.
- i. We shall not be liable if Medically Necessary Treatment can be provided at the Hospital where the Insured Person is situated at the time of requiring Emergency Care.

Claims towards Air Ambulance expenses will be payable by mode of Reimbursement only

Add On Wordings- Well Baby Well Mother

Base Product UIN: EDLHLGP21462V032021

Add On UIN: EDLHLGA23009V012223

Edelweiss General Insurance Company Limited,

Corporate Office: 5th Floor, Tower 3, Kohinoor City Mall, Kohinoor City, Kiroli Road, Kurla (West), Mumbai - 400 070, Registered Office: Edelweiss House, Off CST Road, Kalina, Mumbai -400 098, IRDAI Regn. No.: 159, CIN: U66000MH2016PLC273758, Reach us on: 1800 12000, Email: support@edelweissinsurance.com, Website: www.edelweissinsurance.com, Issuing/Corporate Office: +91 22 4272 2200, Grievance Redressal Officer: +91 22 4931 4422, Dedicated Toll-Free Number for Grievance: 1800 120 216216. Trade logo displayed above belongs to Edelweiss Financial Services Limited and is used by Edelweiss General Insurance Company Limited under license. Insurance is the subject matter of solicitation.

Well Baby Well Mother- Add On Wordings

Well mother Cover

Covers routine medical care provided to an insured female (expectant mothers and mothers who have delivered new born baby), which includes routine preventive care services and immunizations (within the maternity hospitalization period), during the period as opted by insured and specified in the policy schedule

- Routine Medical Care would include expenses recommended by a doctor and incurred on – Pharmacy, Diagnostics, Doctor Consultations and Therapy.
- Routine Preventive Care Services will include expenses recommended by a doctor and incurred on – Pharmacy and Diagnostic Tests.

The insured shall have option to opt for this cover for any one of the below mentioned period:

- i) At the onset of pregnancy and up to pre-hospitalization period for maternity.
- ii) At the onset of pregnancy and maternity hospitalization (only routine preventive care services and immunizations) up to first discharge from hospital.
- iii) At the onset of pregnancy, maternity hospitalization (only routine preventive care services and immunizations) and until 30 days following birth of new born baby.

We will not cover

1. Any infertility treatments
2. Any charges payable under the maternity section (if opted as an optional cover) of the policy

Healthy baby expenses / well baby care expenses

Cover for expenses incurred for a New born baby after the birth until first discharge from hospital.

Covers routine medical care provided to a new born baby, which includes limited to appropriate customary examinations required to assess the integrity and basic functions of child's organs and skeletal structure carried out immediately following birth, routine preventive care services and immunizations (within the hospitalization period).

The sum insured limit shall be as opted for and specified in the policy schedule. For multiple born babies sum insured shall be subject to limit in place.

Routine Preventive Care Services will include expenses recommended by a doctor and incurred on – Pharmacy and Diagnostic Tests.

Add On Wordings- Well Baby Well Mother

Base Product UIN: EDLHLGP21462V032021

Add On UIN: EDLHLGA23009V012223

Edelweiss General Insurance Company Limited,

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EASY HEALTH

Preamble

HDFC ERGO General Insurance Company Limited will cover all Insured Persons under this Policy upto the Sum Insured. The insurance cover is governed by, and subject to, the terms, conditions and exclusions of this Policy.

Section A. Other Important Terms You should know

The terms defined below and at other junctures in the Policy Wording have the meanings ascribed to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same:

1. Standard Definitions

- Def. 1. **Accident** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- Def. 2. **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.
- Def. 3. **AYUSH HOSPITAL** means an AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH *Medical Practitioner(s)* comprising of any of the following:
 - a. Central or State Government AYUSH Hospital; or
 - b. Teaching hospital attached to AYUSH College recognized by the Central Government /Central Council of Indian Medicine/Central Council for Homeopathy; or
 - c. AYUSH Hospital, standalone or co-located within-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH *Medical Practitioner* and must comply with all the following criterion:
 - i. Having at least 5 in-patient beds;
 - ii. Having qualified AYUSH *Medical Practitioner* in charge round the clock;
 - iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - iv. Maintaining daily records of the patients and making them accessible **to the insurance company's authorized representative**.
- Def. 4. **AYUSH Day Care Centre** means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH *Medical Practitioner(s)* on day care basis without in-patient services and must comply with all the following criterion:
 - i. Having qualified registered AYUSH *Medical Practitioner* (s) in charge;
 - ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
- Def. 5. **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.

Def. 6. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

Def. 7. **Congenital Anomaly** refers to a condition(s) 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

Def. 8. **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 claim amount. A co-payment does not reduce the Sum Insured.

Def. 9. **Cumulative Bonus** means any increase in the Sum Insured granted by the insurer without an associated increase in premium.

Def. 10. **Critical Illness means** Cancer of specified severity, Open Chest CABG, First Heart Attack of specified severity, Kidney Failure requiring regular dialysis, Major Organ/Bone Marrow Transplant, Multiple Sclerosis with Persisting Symptoms, Permanent Paralysis of Limbs, Stroke resulting in Permanent Symptoms as defined below only:

i) **Cancer of specified severity:**

A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist.

The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded:

- Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as pre-malignant or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 & CIN-3.
- Any skin cancer other than invasive malignant melanoma
- All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2NOMO.....
- Papillary micro - carcinoma of the thyroid less than 1 cm in diameter
- Chronic lymphocytic leukaemia less than RAI stage 3
- Microcarcinoma of the bladder
- All tumours in the presence of HIV infection.

ii) **Open Chest CABG:**

The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The Diagnosis must be supported by coronary angiography and realisation of the surgery has to be confirmed by a specialist Medical Practitioner

The following are excluded:

- Angioplasty and / or Any other intra-arterial procedures
- Any Key-hole surgery or laser surgery

iii) **First Heart Attack of Specified Severity:**

The first occurrence of myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area.

The diagnosis for this will be evidenced by all of the following criteria:

- A history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain).
 - New characteristic electrocardiogram changes.
 - Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.
- The following are excluded:
- Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T.
 - Other acute Coronary Syndromes.
 - Any type of angina pectoris

iv) Kidney Failure requiring Regular Dialysis:

End stage renal disease presented as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out.

The diagnosis has to be confirmed by a specialist Medical Practitioner

v) Major Organ/Bone Marrow Transplant:

The actual undergoing of a transplant of:

- One of the following human organs - heart, lung, liver, pancreas, kidney, that resulted from irreversible end-stage failure of the relevant organ or;
- Human bone marrow using hematopoietic stem cells.

The undergoing of a transplant must be confirmed by specialist medical practitioner.

The following are excluded:

- Other Stem-cell transplants
- Where only islets of Langerhans are transplanted

vi) Multiple Sclerosis with Persisting Symptoms:

The definite occurrence of Multiple Sclerosis. The diagnosis must be supported by all of the following:

- Investigation including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple Sclerosis.
- There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.
- Well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with at least two clinically documented episodes at least 1 month apart.

Excluded is:

- Other causes of neurological damage such as SLE and HIV are excluded

vii) Permanent Paralysis of Limbs:

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist Medical Practitioner (Physician / Neurologist) must be of the opinion that paralysis will be permanent with no hope of recovery and must be present for more than 3 months. .

viii) Stroke resulting in Permanent Symptoms:

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intra-cranial vessel, haemorrhage and embolisation from an extracranial source.

The diagnosis has to be confirmed by a specialist Medical Practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for atleast 3 months has to be produced.

The following are excluded:

- Transient ischemic attacks (TIA)
- Traumatic injury of the brain
- Vascular diseases affecting only the eye or optic nerve or vestibular functions

Def. 11. **Day Care centre** means any institution established for day care treatment of illness and/or injuries or a medical setup 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 criteria as under—
 -has qualified nursing staff under its employment;
 -has qualified medical practitioner/s in charge;
 -has a fully equipped operation theatre of its own where surgical procedures are carried out;
 -maintains daily records of patients and will make these accessible to the insurance company's authorized personnel

Def. 12. **Day Care Procedures** means those medical treatment, and/or surgical procedure
 i. which is undertaken under General or Local Anaesthesia in a Hospital/day care centre in less than 24 hours because of technological advancement,
 ii. which would have otherwise required a Hospitalisation of more than 24 hours.
 Treatment normally taken on an Out-patient basis is not included in the scope of this definition

Def. 13. **Deductible** means a cost-sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.

Def. 14. **Dental treatment** means a treatment related to teeth or structures supporting teeth including examinations, filings (where appropriate), crowns, extractions and surgery.

Def. 15. **Domiciliary Hospitalisation** means medical treatment for an illness/disease/injury which in the normal course would require a care and treatment at a Hospital but is actually taken while confined at home under any of the following circumstances:
 - The condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
 - The patient takes treatment at home on account of non-availability of a room in a hospital

Def. 16. **Disclosure of information norm** means the policy shall be void and all premiums paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

Def. 17. **Emergency Care** means management for a severe 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.

Def. 18. **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.

Def. 19. **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 those towns having a population of less than 10,00,000 and 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 will make these accessible to the insurance company's authorized personnel.

Def. 20. **Hospitalisation or Hospitalised** means admission in a Hospital for a minimum 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.

Def. 21. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period 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 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 your rehabilitation or for you to be specially trained to cope with it
 - it continues indefinitely
 - it recurs or is likely to recur

Def. 22. **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.

Def. 23. **In-patient Care** means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.

Def. 24. **Maternity expenses** means

- i. medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections during hospitalization);
- ii. expenses towards lawful medical termination of pregnancy during the Policy Period.

Def. 25. **Medical Advise** means any consultation or advise from a Medical Practitioner including the issuance of any prescription or follow up prescription.

Def. 26. **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.

Def. 27. **Medically Necessary** means any treatment, test, medication, or stay in Hospital or part of stay in Hospital which

- Is required for the medical management of the Illness or injury suffered by the Insured Person;

- 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.

Def. 28. **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.

Def. 29. **Migration** means the right accorded to individual health insurance policyholders (including all members under family cover and members of group health insurance policy) to transfer the credits gained for pre-existing conditions and time-bound exclusions, with the same insurer.

Def. 30. **Network Provider** means Hospital enlisted by an insurer or a TPA or jointly by an insurer and a TPA to provide medical services to an insured by a cashless facility.

Def. 31. **New Born Baby** means baby born during the Policy Period and is aged up to 90 days.

Def. 32. **Non Network Provider** means any Hospital, day care centre or other provider that is not part of the Network

Def. 33. **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

Def. 34. **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

Def. 35. **Portability** means the right accorded to individual health insurance policyholders (including all members under family cover) to transfer the credits gained for pre-existing conditions and time-bound exclusions, from one insurer to another insurer.

Def. 36. **Pre-existing Disease** means any condition, ailment, injury or disease:

- a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or
- b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.

Def. 37. **Pre- Hospitalisation Medical Expenses** means the medical expenses incurred during predefined number of days preceding the hospitalization of the Insured Person, provided that:

- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
- ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company

Def. 38. **Post-Hospitalisation Medical Expenses** means medical expenses incurred during predefined number of days immediately after the insured person is discharged from the hospital provided that:

- i. Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and
- ii. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company

- Def. 39. **Qualified Nurse** is a person who holds a valid registration from the nursing council of India or the nursing council of any state in India
- Def. 40. **Reasonable & Customary Charges** means the charges for services or supplies, which are the standard charges for a specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of illness/ injury involved.
- Def. 41. **Room Rent** means the amount charged by a hospital towards room and boarding expenses and shall include associated medical expenses.
- Def. 42. **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.
- Def. 43. **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.
- Def. 44. **Unproven/Experimental treatment** means treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.
- Def. 45. **Intensive Care Unit** means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
- Def. 46. **ICU (Intensive Care Unit) Charges** means the amount charged by a Hospital towards ICU expenses which shall include the coverage for bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

2. Specific Definitions

- Def. 1. **Adventurous/Hazardous Sports** means any sport or activity involving physical exertion and skill in which an **Insured Person** participates or competes for entertainment or as part of his Profession whether he / she is trained or not.
- Def. 2. **Age or Aged** means completed years as at the Commencement Date.
- Def. 3. **Alternative treatments** means forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Siddha and Homeopathy in the Indian context
- Def. 4. **AYUSH Treatment** refers to hospitalisation treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.
- Def. 5. **Bank Rate** means the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.
- Contribution** means essentially the right of an insurer to call upon other insurers liable to the same insured to share the cost of an indemnity claim on a rateable proportion of Sum Insured. This clause shall not apply to any Benefit offered on fixed benefit basis.

Def. 6. **Commencement Date** means the commencement date of this Policy as specified in the Schedule.

Def. 7. **Dependents** means only the family members listed below:

- i) Your legally married spouse as long as she continues to be married to You;
- ii) Your children / Grandchildren Aged between 91 days and 25 years if they are unmarried and financially dependent with no independent source of income. Children Aged between 1 to 90 Days can be covered if Newborn Baby Benefit is added by payment of additional premium subject to policy terms and conditions.
- iii) Your natural parents or parents that have legally adopted You, provided that the parent was below 65 years at his initial participation in the Easy Health Policy,
- iv) Your Parent -in-law as long as Your spouse continues to be married to You and were below 65 years at his initial participation in the Easy Health Policy
- v) Your Grandparents provided that the grandparent were below 65 years at his initial participation in the Easy Health Policy,

All Dependent parents, Parent in laws, Grand Parents must be financially dependent on You.

Def. 8. **Dependent Child** means a child (natural or legally adopted), who is unmarried, Aged between 91 days and 25 years, financially dependent on the primary Insured or Proposer and does not have his / her independent sources of income. Children Aged between 1 to 90 Days can be covered if Newborn Baby Benefit is added by payment of additional premium subject to policy terms and conditions.

Def. 9. **Family Floater** means a Policy described as such in the Schedule where under You and Your Dependents named in the Schedule are insured under this Policy as at the Commencement Date. The Sum Insured for a Family Floater means the sum shown in the Schedule which represents Our maximum liability for any and all claims made by You and/or all of Your Dependents during the Policy Year.

Def. 10. **Insured Person** means You and the persons named in the Schedule.

Def. 11. **Material Facts** means all relevant information sought by the Company in the Proposal Form and other connected documents to enable it to take informed decision in the context of underwriting the risk.

Def. 12. **Policy** means Your statements in the proposal form (which are the basis of this Policy), this policy wording (including endorsements, if any), Annexure 1 and the Schedule (as the same may be amended from time to time).

Def. 13. **Policy Period** means the period between the Commencement Date and the Expiry Date specified in the Schedule.

Def. 14. **Policy Year** means a year following the Commencement Date and its subsequent annual anniversary.

Def. 15. **Shared accommodation** means a Hospital room with two or more patient beds.

Def. 16. **Single occupancy or any higher accommodation type** means a Hospital room with only one patient bed.

Def. 17. **Sum Insured** means the sum shown in the Schedule which represents Our maximum liability for each Insured Person for any and all benefits claimed for during the Policy Year.

Def. 18. **TPA** means the third party administrator that We appoint from time to time as specified in the Schedule.

Def. 19. **We/Our/Us** means the HDFC ERGO General Insurance Limited.

Def. 20. **You/Your/Policyholder** means the person named in the Schedule who has concluded this Policy with Us.

Section B. Benefits

IMPORTANT: Any claims made under these benefits will impact eligibility for Cumulative Bonus, and Health Checkup.

	We will cover the Medical Expenses for:	We will not cover treatment, costs or expenses for*: *The following exclusions apply in addition to the waiting periods and general exclusions specified in Section C-1,2,3 In addition to the waiting periods (Section C-1) and general exclusions (Section C-2&3), We will also not cover expenses
1.	Inpatient Benefits: This section of benefits is applicable when <ul style="list-style-type: none"> • An insured suffers an Accident or Illness, which is covered under this Policy • Hospitalisation is necessary & is done for treatment OR • Day care treatment is necessary and is done OR • Domiciliary treatment is necessary and is done 	
1	a. In-Patient Treatment This includes <ul style="list-style-type: none"> • Hospital room rent or boarding; • Nursing; • Intensive Care Unit • Medical Practitioners (Fees) • Anesthesia • Blood • Oxygen • Operation theatre • Surgical appliances; • Medicines, drugs & consumables; • Diagnostic procedures. 	If as per any or all of the Medical references herein below containing guidelines and protocols for Evidence Based Medicines, the Hospitalisation for treatment under claim is not necessary or the stay at the hospital is found unduly long: <ul style="list-style-type: none"> • Medical text books, • Standard treatment guidelines as stated in clinical establishment act of Government of India, • World Health Organisation (WHO) protocols, • Published guidelines by healthcare providers, • Guidelines set by medical societies like cardiological society of India, neurological society of India etc.
	b. Pre-Hospitalization Medical Expenses for consultations, investigations and medicines incurred upto 60 days before the date of admission to the Hospital (Inpatient or Day Care or Domiciliary treatment) c. Post-Hospitalization Medical Expenses for consultations, investigations and medicines incurred upto 90 days after discharge from Hospitalisation (Inpatient or Day Care or Domiciliary treatment).	1. Claims which have NOT been admitted under 1a), 1d) and 1e) 2. Expenses not related to the admission and not incidental to the treatment for which the admission has taken place
	d. Day Care Procedures Medical treatment or surgical procedure which is undertaken under general or local anaesthesia, which require admission in a	1. Treatment that can be and is usually taken on an Out-Patient basis is not covered 2. Treatment a NOT taken at a Hospital

	Hospital/Day Care Centre for stay less than 24 hours. Treatment normally taken on out-patient basis is not included in the scope of this definition.	
	<p>e. Domiciliary Treatment</p> <p>Medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a Hospital but is actually taken while confined at home under any of the following circumstances:</p> <ol style="list-style-type: none"> 1. The condition of the Patient is such that he/she is not in a condition to be removed to a Hospital or, 2. The Patient takes treatment at home on account of non availability of room in a Hospital. <p>Pre and Post Hospitalisation expenses for consultations, investigations and medicines incurred upto 60 days before hospitalisation and 90 days after hospitalization respectively will be covered in case of domiciliary treatment.</p>	<p>1. Treatment of less than 3 days (Coverage will be provided for expenses incurred in first three days only if treatment period is greater than 3 days)</p>
	<p>f. Organ Donor:</p> <p>Medical and surgical expenses of the organ donor for harvesting the organ where an Insured Person is the recipient.</p> <p>IMPORTANT: Expenses incurred by an insured person while donating an organ is NOT covered.</p>	<ol style="list-style-type: none"> 1. Claims which have NOT been admitted under 1a) for insured member. 2. Admission not compliant under the Transplantation of Human Organs Act, 1994 (as amended). 3. The organ donor's Pre and Post-Hospitalisation expenses.
	<p>g. Ambulance:</p> <p>Expenses incurred on a transportation of Insured Person to a Hospital for treatment in case of an emergency, subject to Rs. 2000 per Hospitalisation.</p>	<ol style="list-style-type: none"> 1. Claims which have NOT been admitted under 1a) and 1d) 2. Healthcare or ambulance service provider not registered with road traffic authority.
	<p>h. Ayush Benefit</p> <p>Expenses incurred on treatment taken under Ayurveda, Unani, Sidha and Homeopathy in a government hospital or in any institute recognized by government and/or accredited by Quality Council of India/National Accreditation Board on Health subject to amounts specified in the Schedule of Benefits</p>	<ol style="list-style-type: none"> 1. Claims which have not been admitted under 1a) 2. Hospitalisation for evaluation, Investigation only 3. Treatment availed outside India 4. Treatment at a healthcare facility which is NOT a Hospital.
	<p>i. Daily Cash for choosing shared Accommodation</p> <p>Daily cash amount will be payable per day as mentioned in schedule of Benefits if the Insured Person is Hospitalised in Shared Accommodation in a Network Hospital for each continuous and completed period of 24 hours if the Hospitalisation exceeds 48 hours.</p>	<ol style="list-style-type: none"> 1. Daily Cash Benefit for time spent by the Insured Person in an intensive care unit 2. Claims which have NOT been admitted under 1a).
2) Additional Benefits: The following benefits are available to all Insured Persons during the Policy Period.		

<p>Any claims made under these benefits will be subject to In-patient Sum Insured and will impact eligibility for a Cumulative Bonus and Health Checkup These benefits are applicable based on the plan variant selected, as mentioned in the schedule of benefits.</p>		
a.	<p>Daily Cash for Accompanying an Insured Child If the Insured Person Hospitalised is a child Aged 12 years or less, daily cash amount will be payable as mentioned in schedule of Benefits for 1 accompanying adult for each complete period of 24 hours if Hospitalisation exceeds 72 hours.</p>	<p>1. Daily Cash Benefit for days of admission and discharge Claims which have NOT been admitted under 1a).</p>
b.	<p>Newborn baby Medical Expenses for any medically necessary treatment described at 1)a) while the Insured Person (the Newborn baby) is Hospitalised during the Policy Period as an inpatient provided a proposal form is submitted for the insurance of the newborn baby within 90 days after the birth, and We have accepted the same and received the premium sought. Under this benefit, Coverage for newborn baby will incept from the date, the premium has been received.</p> <p>The coverage is subject to the policy exclusions, terms and conditions.</p> <p>This Benefit is applicable if Maternity benefit is opted and We have accepted a maternity claim under this Policy.</p>	<p>1. Claims which have NOT been admitted under 3a) i.e. Maternity Expenses 2. Claims other than those available in Section B-1, Section C-1,2,3</p>
c.	<p>Recovery Benefit Lumpsum amount will be payable as mentioned in schedule of Benefits if the Insured Person is Hospitalised as an inpatient beyond 10 consecutive and continuous days This benefit is payable only once per Illness/Accident per Policy Year.</p>	<p>1. Claims which have NOT been admitted under 1a).</p>
d.	<p>Emergency Air Ambulance Cover We will pay for ambulance transportation in an airplane or helicopter subject to maximum limit prescribed in d(i) , for emergency life threatening health conditions which require immediate and rapid ambulance transportation to the hospital/medical centre that ground transportation cannot provide subject to:</p> <ul style="list-style-type: none"> • Necessary medical treatment not 	<p>1. Claims which have NOT been admitted under Inpatient Treatment or Day Care Procedures. 2. Expenses incurred in return transportation to the insured's home by air ambulance is excluded.</p>

	<p>being available at the location where the Insured Person is situated at the time of Emergency;</p> <ul style="list-style-type: none"> • The Medical Evacuation been prescribed by a Medical Practitioner and is Medically Necessary; • The insured person is in India and the treatment is required in India only and not overseas in any condition whatsoever; and • The air ambulance provider being registered in India. <p>d(i)The amount payable in case of Air ambulance facility shall be either the actual expenses or Rs. 2.5 Lacs per hospitalization, whichever is lower; upto basic sum insured limit for a year</p>	
3. Additional Benefit not related to Sum Insured: The following benefit is available to all Insured Persons during the Policy Period. Any claims made under these benefits will not be subject to In-patient Sum Insured and will not impact eligibility for a Cumulative Bonus and Health Checkup. These benefits are applicable based on the plan variant selected, as mentioned in the schedule of benefits.		
	<p>a. Maternity Expenses</p> <p>i. Medical Expenses for a delivery (including caesarean section) as mentioned in schedule of Benefits while Hospitalised or the lawful medical termination of pregnancy during the Policy Period limited to 2 deliveries or terminations or either during the lifetime of the Insured Person</p> <p>ii. Medical Expenses for pre-natal and post-natal expenses per delivery or termination upto the amount stated in the Schedule of Benefits,</p> <p>iii. Medical Expenses incurred for the medically necessary treatment of the new born baby upto the amount stated in the Schedule of Benefits unless the new born baby is covered under 2b), and</p> <p>iv. The Insured Person must have been an Insured Person under Our Policy for the period of time specified in the Schedule of Benefits.</p>	<ol style="list-style-type: none"> 1. Pre- and post-hospitalisation expenses under 1-b) and 1-c) 2. Ectopic pregnancy under this benefit (although it shall be covered under 1a) 3. Claim for Dependents other than Insured Person's spouse under this Policy.
	4. Critical Illness (Optional benefit)	
Any claims made under this benefit will not be subject to In-patient Sum Insured and will not impact eligibility for a Cumulative Bonus and Health Checkup. This benefit is optional and effective only if mentioned in the Schedule.		
4	<p>a. Critical Illness (Optional benefit)</p> <p>We will pay the Critical Illness Sum</p>	<ol style="list-style-type: none"> 1. The Insured Person is first diagnosed as suffering from a Critical Illness within 90 days of the

<p>Insured as a lump sum in addition to Our payment under 1)a), provided that:</p> <ul style="list-style-type: none"> i. The Insured Person is first diagnosed as suffering from a Critical Illness during the Policy Period, and ii. The Insured Person survives for at least 30 days following such diagnosis. iii. "Critical Illness" includes Cancer, Open Chest CABG, First Heart Attack, Kidney Failure, Major Organ/Bone Marrow Transplant, Multiple Sclerosis, Permanent Paralysis of Limbs and Stroke. <p>Note: Critical Illness (Optional benefit) is always provided on an individual Sum Insured basis irrespective of whether policy is issued on an individual or floater sum insured basis.</p>	<p>commencement of the Policy Period and the Insured Person has not previously been insured continuously and without interruption under an Easy Health Policy.</p> <ul style="list-style-type: none"> 2. The Insured Person has already made a claim for the same Critical Illness. 3. A claim for this benefit has already been made 3 times under this Policy or any other Easy Health policy issued by Us.
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5. Renewal Benefits:

5.1. Cumulative Bonus

- a) A 10% cumulative bonus will be applied on the Sum Insured for next policy year under the Policy after every CLAIM FREE Policy Year, provided that the Policy is renewed with Us and without a break. The maximum cumulative bonus shall not exceed 100% of the Sum Insured in any Policy Year.
- b) In relation to a Family Floater, the cumulative bonus so applied will only be available in respect of claims made by those Insured Persons who were Insured Persons in the claim free Policy Year and continue to be Insured Persons in the subsequent Policy Year.
- c) If a cumulative bonus has been applied and a claim is made, then in the subsequent Policy Year We will automatically decrease the cumulative bonus by 10% of the Sum Insured in that following Policy Year. There will be no impact on the Inpatient Sum Insured, only the accrued cumulative bonus will be decreased.
- d) If the Insured Persons in the expiring policy are covered on individual basis and thus have accumulated the no claim bonus for each member in the expiring policy, and such expiring policy is renewed with Us on a Family Floater basis, then the no claim bonus to be carried forward for credit in the Policy would be the least no claim bonus amongst all the Insured Persons.
- e) Portability/migration benefit will be offered to the extent of sum of previous sum insured and accrued cumulative bonus (if opted for), portability/migration benefit shall not apply to any other additional increased sum insured.
- f) In policies with a two year Policy Period, the application of above guidelines of Cumulative Bonus shall be post completion of each policy year.

5.2. Stay Active

We will offer a discount at each renewal if the insured member achieves the average step count target on the mobile application provided by Us in the specified time interval (calculated from the policy risk

start date) as per the grid below. In an individual policy, the average step count would be calculated per adult member and in a floater policy it would be an average of all adult members covered. Dependent children covered either in individual or floater plan will not be considered for calculation of average steps.

This discount will be accrued at defined time intervals as given in table below. The discount will be cumulated and offered as discount on the renewal premium.

In individual policies the discount percentage (%) would be applied on premium applicable per insured member (Dependent Children are not eligible for this stay active discount in an individual policy) and in a floater policy it would be applied on premium applicable on policy.

The discount grid would be as per the table below:

1 Year Policy

		Time Interval (calculated from policy risk start date)				
Average Step Target	Risk start date or date of download of mobile application -90 days	91-180 days	181-270 days	271-300 days	Maximum Discount at the end of the year	
5000 or below	0%	0%	0%	0%	0%	
5001 to 8000	0.5%	0.5%	0.5%	0.5%	2%	
8001 to 10000	1.25%	1.25%	1.25%	1.25%	5%	
Above 10000	2%	2%	2%	2%	8%	

2 Year Policy

		Time Interval ((calculated from policy risk start date))							
Average Step target	Risk start date or date of download of mobile application -90 days	91-180 days	181-270 days	271-360 days	361-450 days	451-540 days	541-630 days	631-660 days	Maximum Discount at the end of 2 years
5000 or below	0%	0%	0%	0%	0%	0%	0%	0%	0%
5001 to 8000	0.25%	0.25%	0.25%	0.25%	0.25%	0.25%	0.25%	0.25%	2%
8001 to 10000	0.625%	0.625%	0.625%	0.625%	0.625%	0.625%	0.625%	0.625%	5%
Above 10000	1%	1%	1%	1%	1%	1%	1%	1%	8%

The mobile app must be downloaded within 30 days of the policy risk start date to avail this benefit. The average step count completed by an Insured member would be tracked on this mobile application.

We reserve the right to remove or reduce any count of steps if found to be achieved in unfair manner by manipulation.

Illustration

Policy start date	1st Jan 2016
Policy Tenure	1 year

Time Interval				
	Risk start date or date of download of mobile application - 90 days	91 days-180 days	181 days-270 days	271- 300 days
average steps taken in the defined time period	8500	10000	5001	7500
discount %applicable	1.25%	1.25%	0.5%	0.5%

Total discount applicable on renewal premium = 3.5%

5.3. Preventive Health Check-up

- a) If You have maintained an Easy Health Policy with Us for the period of time mentioned in the Schedule of Benefits without any break, then at the end of each block of continuous years (as mentioned in the Schedule of benefits) We will pay upto the percentage (mentioned in the Schedule of Benefits) of the Sum Insured for this Policy Year or the subsequent Policy Years (whichever is lower) towards the cost of a preventive health check-up for those Insured Persons who were insured for the number of previous Policy Years mentioned in the Schedule.
 Note: If member has changed the plan in subsequent year and in the new plan the waiting period is less than previous plan then waiting period mentioned in the current plan would be applicable.

Plan	Standard	Exclusive
Easy Health Individual	Upto 1% of Sum Insured per Insured Person upto Rs.5000, only once at the end of a block of every continuous four claim free years.	Upto 1% of Sum Insured subject to a Maximum of Rs.5,000 per Insured Person, only once at the end of a block of every continuous three policy years
Easy Health Family	Upto 1% of Sum Insured per Policy upto Rs.5000, only once at the end of a block of every continuous four claim free years	Upto 1% of Sum Insured per Policy subject to a Maximum of Rs. 5,000 per Policy, only once at the end of a block of every continuous three policy years

- b) In case of family floater in Standard Variant, if any of the members have made a claim under this Policy, the health check-up benefit will not be offered to the whole family.
- c) We will consider complete policy years for the eligibility of this benefit.

Preventive Health Check-up means a package of medical test(s) undertaken for general assessment of health status, it does not include any diagnostic or investigative medical tests for evaluation of illness or a disease.

Section C. Exclusions & Waiting Period

1. Standard Waiting Period

All Illnesses and treatments shall be covered subject to the waiting periods specified below:

i. 30-day waiting period – Code – Excl03

- a) Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
- b) This exclusion shall not, however, apply if the insured person has continuous coverage for more than twelve months.
- c) The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

ii. Specified disease/procedure waiting period – Code – Excl02

- a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident or underlying cause is cancer(s).
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If any of the specified disease/procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply.
- d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability/migration stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- f) List of specific diseases/procedures: -

Sl. No.	Organ / Organ System	Illness/Diagnosis (irrespective of treatments medical or surgical)	Surgeries/ procedure (irrespective of any illness / diagnosis other than cancers)
a.	Ear, Nose, Throat (ENT)	<ul style="list-style-type: none"> • Sinusitis • Rhinitis • Tonsillitis 	<ul style="list-style-type: none"> • Adenoidectomy • Mastoidectomy • Tonsillectomy • Tympanoplasty • Surgery for nasal septum deviation • Nasal concha resection • Nasal polypectomy • Surgery for Turbinate hypertrophy
b.	Gynaecological	<ul style="list-style-type: none"> • Cysts, polyps including breast lumps • Polycystic ovarian disease • Fibroids (fibromyoma) 	Hysterectomy
c.	Orthopaedic	<ul style="list-style-type: none"> • Non infective arthritis • Gout and Rheumatism • Osteoarthritis and Osteoporosis 	<ul style="list-style-type: none"> • Surgery for prolapsed inter vertebral disk • Joint replacement surgeries
d.	Gastrointestinal	<ul style="list-style-type: none"> • Calculus diseases of gall bladder including Cholecystitis • Pancreatitis • Fissure/fistula in anus, hemorrhoids, pilonidal sinus • Ulcer and erosion of stomach and duodenum • Gastro Esophageal 	<ul style="list-style-type: none"> • Cholecystectomy • Surgery of hernia

		<p>Reflux Disorder (GERD)</p> <ul style="list-style-type: none"> • All forms of cirrhosis (Please Note: All forms of cirrhosis due to alcohol will be excluded) • Perineal Abscesses • Perianal Abscesses 	
e.	Urogenital	<ul style="list-style-type: none"> • Calculus diseases of Urogenital system Example: Kidney stone, Urinary bladder stone. • Benign Hyperplasia of prostate 	<ul style="list-style-type: none"> • Surgery on prostate • Surgery for Hydrocele/ Rectocoele
f.	Eye	<ul style="list-style-type: none"> • Cataract 	<ul style="list-style-type: none"> • NIL
g.	Others	<ul style="list-style-type: none"> • NIL 	<ul style="list-style-type: none"> • Surgery of varicose veins and varicose ulcers
h.	General (Applicable to all organ systems/organs/ disciplines whether or not described above)	<ul style="list-style-type: none"> • Internal tumours, cysts, nodules, polyps, skin tumours 	<ul style="list-style-type: none"> • NIL

iii. Pre-Existing Diseases – Code – Excl01

- a) Expenses related to the treatment of a pre-existing disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with insurer.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If the insured person is continuously covered without any break as defined under the portability/migration norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- d) Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by insurer.

2. Standard General exclusions

We will not pay for any claim which is caused by, arising from or attributable to:

Non Medical Exclusions	<ol style="list-style-type: none"> 1) Breach of law: Code – Excl10 Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent. 2) Hazardous or Adventure sports: Code – Excl09 Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
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Medical Exclusions	<p>3) Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code – Excl12</p> <p>4) Obesity/ Weight Control: Code – Excl06</p> <p>Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:</p> <ul style="list-style-type: none"> i. Surgery to be conducted is upon the advice of the Doctor ii. The surgery/Procedure conducted should be supported by clinical protocols iii. The member has to be 18 years of age or older and iv. Body Mass Index (BMI); <ul style="list-style-type: none"> a) greater than or equal to 40 or b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss: <ul style="list-style-type: none"> i. Obesity-related cardiomyopathy ii. Coronary heart disease iii. Severe Sleep Apnoea iv. Uncontrolled Type2 Diabetes <p>5) Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres: Code – Excl15</p> <p>6) Cosmetic or plastic Surgery: Code- Excl08</p> <p>Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.</p> <p>7) Change-of-Gender treatments: Code – Excl07</p> <p>Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.</p> <p>8) Unproven Treatments:</p> <p>Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness. Code – Excl16</p> <p>9) Investigation & Evaluation: Code – Excl04</p> <ul style="list-style-type: none"> a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded. b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded. <p>10) Rest Cure, rehabilitation and respite care: Code – Excl05</p> <ul style="list-style-type: none"> a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes: <ul style="list-style-type: none"> i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons. ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs. <p>11) Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code – Excl13</p> <p>12) Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals</p>
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	<p>and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. Code – Excl14</p> <p>13) Maternity(except to the extent provided for under Section B.1.3.a)):Code – Excl18</p> <ul style="list-style-type: none"> i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy; ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period. <p>14) Sterility and Infertility: Code – Excl17</p> <p>Expenses related to sterility and infertility. This includes:</p> <ul style="list-style-type: none"> i. Any type of contraception, sterilization ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI iii. Gestational Surrogacy iv. Reversal of sterilization <p>15) Excluded Providers: Code – Excl11</p> <p>Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.</p>
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3. Specific Exclusions

Non Medical Exclusions	<ol style="list-style-type: none"> 1) Treatment arising from or consequent upon war or any act of war, invasion, act of foreign enemy, (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind. 2) Intentional self injury or attempted suicide while sane or insane. 3) Any Insured Person's participation or involvement in naval, military or air force operation.
Medical Exclusions	<ol style="list-style-type: none"> 4) Prosthetic and other devices which are self-detachable/removable without surgery involving anaesthesia 5) Treatment availed outside India. 6) Treatment at a healthcare facility that is not a Hospital 7) Circumcisions (unless necessitated by illness or injury and forming part of treatment) 8) Non allopathic treatment except to the extent provided for under Section B.1.1.h). 9) Conditions for which treatment could have been done on an outpatient basis without any Hospitalization. 10) Preventive care, vaccination including inoculation and immunisations (except in case of post-bite treatment) 11) Provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy, any treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, diabetic test strips 12) Sleep apnoea.

	13) Congenital external diseases, defects or anomalies 14) Expenses incurred by the insured on organ donation 15) Treatment and supplies for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure; muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities. 16) Dental treatment and surgery of any kind, unless requiring Hospitalisation 17) Any non medical expenses mentioned in List 1 of Annexure I 18) Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed. 19) Treatments rendered by a Medical Practitioner who is a member of the Insured Person's family or stays with him, however proven material costs are eligible for reimbursement in accordance with the applicable cover. 20) Any treatment or part of a treatment that is not of a reasonable charge and not Medically Necessary. 21) Drugs or treatments which are not supported by a prescription. 22) Any specific time bound or lifetime exclusion(s) applied by Us and specified in the Schedule and accepted by the insured. 23) Admission for administration of Intra-articular or Intra-lesional injections, Supplementary medications like Zolendronic acid (Trade name Zometa, Reclast, etc.) or IV immunoglobulin infusion
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Section D. General Conditions

1. Standard General Conditions

a. Conditions Precedent to admissibility of Liability

The terms and conditions of the Policy must be fulfilled by the Insured Person for the Company to make any payment for claim(s) arising under the Policy.

b. Claims Settlement (Provision for Penal Interest)

- i) The **Company** shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- ii) In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the **Policyholder** from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the **Bank Rate**.
- iii) However, where the circumstances of a claim warrant an investigation in the opinion of the **Company**, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the **Company** shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- iv) In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the **Policyholder** at a rate 2% above the **Bank Rate** from the date of receipt of last necessary document to the date of payment of claim.
- v) We shall be under no obligation to make any payment under this Policy unless We have received all premium payments in full in time and all payments have been realised and We have been provided with the documentation and information We has requested to

establish the circumstances of the claim, its quantum or Our liability for it, and unless the Insured Person has complied with his obligations under this Policy.

- vi) We will only make payment to You under this Policy. Receipt of payment by You shall be considered as a complete discharge of Our liability against any claim under this Policy. In the event of Your death, We will make payment to the Nominee (as named in the Schedule).
- vii) The assignment of benefits of the policy shall be subject to applicable law.
- viii) Cashless service: If any treatment, consultation or procedure for which a claim may be made is to be taken at a Network Hospital, then We will provide a cashless service by making payment to the extent of Our liability direct to the Network Hospital as long as We are given notice that the Insured Person wishes to take advantage of a cashless service accompanied by full particulars at least 48 hours before any planned treatment or Hospitalisation or within 24 hours after the treatment or Hospitalisation in the case of an emergency.
- ix) Healthcare Advisory Benefit: We may suggest alternate Network Provider in specific cases of surgical or medical treatment, should the Insured member accept and utilize one of the alternatives suggested he would be eligible for a lump sum benefit of Rs 5000.
Please note: The acceptance of our recommendation is not obligatory on the Insured member and We are not liable for any outcome of the treatment conducted at the network centre.

c. Fraud

If any claim made by the **Insured Person**, 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 Person** or anyone acting on his/her behalf to obtain any benefit under this **Policy**, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this Policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who have made that particular claim, who shall be jointly and severally liable for such repayment to the **Insurer**.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the **Insured Person** or by his agent or the hospital/doctor/any other party acting on behalf of the Insured Person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

- a) the suggestion, as a fact of that which is not true and which the **Insured Person** does not believe to be true;
- b) the active concealment of a fact by the **Insured Person** having knowledge or belief of the fact;
- c) any other act fitted to deceive; and
- d) any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the **Policy** benefits on the ground of Fraud, if the **Insured Person** / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement or suppression of material fact are within the knowledge of the **Insurer**.

d. Multiple Policies

- i.In case of multiple policies taken by an **Insured Person** during a period from one or more insurers to indemnify treatment costs, the **Insured Person** 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** chosen by the **Insured Person** 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**.
- ii.**Insured Person** having multiple policies shall also have the right to prefer claims under this **Policy** for the amounts disallowed under any other policy / policies even if the **Sum Insured** is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this **Policy**.
- iii.If the amount to be claimed exceeds the **Sum Insured** under a single **Policy**, the **Insured Person** shall have the right to choose **Insurer** from whom he/she wants to claim the balance amount.
- iv.Where an **Insured Person** has policies from more than one **Insurer** to cover the same risk on indemnity basis, the **Insured Person** shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen **Policy**.

e. Renewal of Policy

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.

- i. The Company shall endeavor to give notice for **Renewal**. However, the Company is not under obligation to give any notice for **Renewal**.
- ii. **Renewal** shall not be denied on the ground that the **Insured Person** had made a claim or claims in the preceding policy years.
- iii. Request for **Renewal** along with requisite premium shall be received by the Company before the end of the policy period.
- iv. At the end of the policy period, the **Policy** shall terminate and can be renewed within the **Grace Period** to maintain continuity of benefits without **Break in Policy**. Coverage is not available during the **Grace Period**.
- v. No loading shall apply on renewals based on individual claims experience.

f. Cancellation

- i) The Policyholder may cancel this policy by giving 15days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.

1 Year Policy Period		2 Year Policy Period	
Length of time Policy in force	% of premium refunded	Length of time Policy in force	% of premium refunded
Upto 1 Month	75.00%	Upto 1 Month	87.50%
Upto 3 Months	50.00%	Upto 3 Months	75.00%
Upto 6 Months	25.00%	Upto 6 Months	62.50%
Exceeding 6 Months	Nil	Upto 12 Months	48.00%
		Upto 15 Months	25.00%
		Upto 18 Months	12.00%
		Exceeding 18 Months	Nil

For **Policies** where premium is paid by instalment, the following additional conditions will be applicable:

- i. Where yearly payment option is in force under the **Policy**, cancellation grid as per 1-Year Tenure policies will be applicable.
- ii. For all other payment options, 50% of current instalment premium will be refunded when the current period elapsed is less than 6 months from the commencement of the **Policy Year**. For instalment after 6 months, no refund will be payable.

- iii. In case of admissible claim under the Policy, future instalment for the current **Policy Year** will be adjusted in the claim amount and no refund of any premium will be applicable during the **Policy Year**.

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the **Insured Person** under the **Policy**.

- ii) The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

g. Free Look Period

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the Policy.

The **Insured Person** shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

If the Insured has not made any claim during the Free Look Period, the insured shall be entitled to

- i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the **Insured Person** and the stamp duty charges or
- ii. where the risk has already commenced and the option of return of the Policy is exercised by the Insured Person, a deduction towards the proportionate risk premium for period of cover or
- iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

h. Disclosure of Information

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 by the policyholder.

i. Complete Discharge

Any payment to the **Policyholder**, **Insured Person** or his/ her nominees or his/ her legal representative or assignee or to the **Hospital**, as the case may be, for any benefit under the **Policy** shall be a valid discharge towards payment of claim by the **Company** to the extent of that amount for the particular claim.

j. Moratorium Period

After completion of eight continuous years under the policy, no look back to be applied. This period of eight years is called as Moratorium Period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract

k. Portability

The **Insured Person** will have the option to port the Policy to other insurers by applying to such **Insurer** to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to **Portability**. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed **Insured Person** will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on Portability, kindly refer the link

https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987

l. Migration

The **Insured Person** will have the option to migrate the Policy to other health insurance products/plans offered by the Company by applying for **Migration** of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on **Migration**. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the Company, the **Insured Person** will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on Migration.

For Detailed Guidelines on Migration, kindly refer the link

https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987

m. Possibility of Revision of terms of the Policy including the Premium Rates

The Company, with prior approval of IRDAI, may revise or modify the terms of the Policy including the premium rates. The **Insured Person** shall be notified three months before the changes are effected.

n. Withdrawal of Policy

- i. In the likelihood of this product being withdrawn in future, the Company will intimate the **Insured Person** about the same 90 days prior to expiry of the policy.
- ii. **Insured Person** will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as **Cumulative Bonus**, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

o. Nomination:

The **Policyholder** is required at the inception of the Policy to make a nomination for the purpose of payment of claims under the Policy in the event of death of the **Policyholder**. Any change of nomination shall be communicated to the Company in writing and such change shall be effective only when an endorsement on the Policy is made. In the event of death of the **Policyholder**, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the **Policyholder** whose discharge shall be treated as full and final discharge of its liability under the **Policy**.

p. Premium Payment in Instalments

If the **Insured Person** has opted for payment of Premium on an installment basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in the **Policy Schedule**, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the **Policy**):

- i. **Grace Period** as mentioned in the table below would be given to pay the installment premium due for the Policy

Options	Instalment Premium Option	Grace Period applicable
Option 1	Multi-Year / Yearly	30 days
Option 2	Half Yearly	30 days
Option 3	Quarterly	30 days
Option 4	Monthly	15 Days

- ii. During such **Grace Period**, coverage will not be available from the due date of installment premium till the date of receipt of premium by **Company**
- iii. The **Insured Person** will get the accrued continuity benefit in respect of the “Waiting Periods”, “Specific Waiting Periods” in the event of payment of premium within the stipulated **Grace Period**
- iv. No interest will be charged If the installment premium is not paid on due date
- v. In case of installment premium due not received within the **Grace Period**, the **Policy** will get cancelled
- vi. In the event of a claim, all subsequent premium installments shall immediately become due and payable
- vii. The **Company** has the right to recover and deduct all the pending installments from the claim amount due under the **Policy**.

Instalment premium payment through Auto Debit/ECS Facility

- i. If Option of Premium payment by instalment is opted through auto Debit/ECS facility, Electronic Clearing Service (ECS) Mandate form needs to be completely filled & signed by the **Insured Person**.
- ii. The Premium amount which would be auto debited & frequency of instalment should be duly filled in the ECS Mandate form.
- iii. New ECS Mandate Form is required to be filled in case of any change in the Premium due to change of Sum Insured / age / plan /coverages/revision in premium.
- iv. The Company should be informed at least 15 days prior to the due date of instalment premium if the Insured Person wishes to discontinue the ECS facility.
- v. Non-payment of premium on due date as opted by the **Insured Person** in the mandate form subject to an additional 15 days of relaxation period will lead to termination of the **Policy**.

q. Redressal of Grievance

In case of any grievance the insured person may contact the Company through:

- Website: www.hdfcergo.com
- Toll free: 022 6234 6234 / 0120 6234 6234
- Contact Details for Senior Citizen: 022 6234 6234 / 0120 6234 6234
- E-mail: care@hdfcergo.com

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

If Insured Person is not satisfied with the redressal of grievance through one of the above methods, Insured Person may contact the grievance officer at cgo@hdfcergo.com

For updated details of grievance officer, kindly refer the link: <https://www.hdfcergo.com/customer-voice/grievances>

Contact Points	First Contact Point	Escalation level 1	Escalation level 2
Contact us at	https://www.hdfcergo.com/customer-care/grievances Call - : 022 6234 6234 / 0120 6234 6234	https://www.hdfcergo.com/customer-care/grievances/escalation level 1 Call - : 022 6234 6234 / 0120 6234 6234	https://www.hdfcergo.com/customer-care/grievances/escalation level 2 Call - : 022 6234 6234 / 0120 6234 6234
Contact Point for Senior Citizen	https://www.hdfcergo.com/customer-care/grievances Call - : 022 – 6242 – 6226 Email - seniorcitizen@hdfcergo.com	https://www.hdfcergo.com/customer-care/grievances Call - : 022 – 6242 – 6226 Email - seniorcitizen@hdfcergo.com	https://www.hdfcergo.com/customer-care/grievances Call - : 022 – 6242 – 6226 Email - seniorcitizen@hdfcergo.com
Write to us at	care@hdfcergo.com	grievance@hdfcergo.com	cgo@hdfcergo.com
Visit us	Grievance cell of any of our Branch office	The Grievance Cell, HDFC ERGO General Insurance Company Ltd., D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West) Mumbai-400078	The Chief Grievance Officer, Registered & Corporate Office: HDFC House, 1st Floor, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400020

If Insured Person is not satisfied with the redressal of grievance through above methods, the Insured Person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017. Grievance may also be lodged at IRDAI Integrated Grievance Management System - <https://igms.irda.gov.in/>.

2. Specific General Terms & Conditions

a. Geography

This Policy only covers medical treatment taken within India. All payments under this Policy will only be made in Indian Rupees within India.

The premium will be computed basis the city of residence provided by the insured person in the application form. The premium that would be applicable zone wise and the cities defined in each zone are as under:

- Tier 1 : Delhi, NCR, Mumbai, Thane, Mumbai Suburban and Navi Mumbai, Surat, Ahmedabad & Vadodara
- Tier 2 : Rest of India- All other cities

The premium will be modified in case of mid -term address change involving migration from one zone to another and would be calculated on pro-rata basis.

b. Insured Person

Only those persons named as Insured Persons in the Schedule shall be covered under this Policy. Any eligible person may be added during the Policy Period after his application has been accepted by Us and additional premium has been received. Insurance cover for this person shall only commence once We have issued an endorsement confirming the addition of such person as an Insured Person.

Any Insured Person in the policy has the option to migrate to similar indemnity health insurance policy available with us at the time of renewal subject to underwriting with continuity benefit of

waiver of waiting period. provided the policy has been maintained without a break as per portability/migration guidelines.

If an Insured Person dies, he will cease to be an Insured Person upon Us receiving all relevant particulars in this regard. We will return a rateable part of the premium received for such person IF AND ONLY IF there are no claims in respect of that Insured Person under the Policy.

c. Loadings & Discounts

We may apply a risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance). The maximum risk loading applicable for an individual shall not exceed above 100% per diagnosis / medical condition and an overall risk loading of over 150% per person. These loadings are applied from Commencement Date of the Policy including subsequent renewal(s) with Us or on the receipt of the request of increase in Sum Insured (for the increased Sum Insured).

We will inform You about the applicable risk loading through a counter offer letter. You need to revert to Us with consent and additional premium (if any), within 7 days of the receipt of such counter offer letter. In case, you neither accept the counter offer nor revert to Us within 7days, We shall cancel Your application and refund the premium paid within next 7 days.

Please note that We will issue Policy only after getting Your consent and additional premium (if any). Please visit our nearest branch to refer our underwriting guidelines if required.

We will provide a Family Discount of 5% if 2 members are covered and 10% if 3 or more family members are covered under a single Easy Health Individual Health Insurance Plan. An additional discount of 7.5% will be provided if insured person is paying two year premium, in advance as a single premium. These discounts shall be applicable at inception and renewal of the policy

d. Notification of Claim

	Treatment, Consultation or Procedure:	We must be notified:
i.	If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalisation:	Immediately and in any event at least 48 hours prior to the Insured Person's admission.
ii.	If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalisation in an Emergency:	Within 24 hours of the start of the Insured Person's Hospitalisation.
iii.	For all benefits which are contingent on Our prior acceptance of a claim under Section B-1)a):	Within 7 days of the Insured Person's discharge post-hospitalisation.

e. Cashless Service:

	Treatment, Consultation or Procedure:	Treatment, Consultation or Procedure Taken at:	Cashless Service is Available:	We must be given notice that the Insured Person wishes to take advantage of the cashless service accompanied by full particulars.

i.	If any planned treatment, consultation or procedure for which a claim may be made:	Network Hospital	We will provide cashless service by making payment to the extent of Our liability directly to the Network Hospital.	At least 48 hours before the planned treatment or hospitalisation.
ii.	If Any treatment, consultation or procedure for which a claim may be made taken in an Emergency:	Network Hospital	We will provide cashless service by making payment to the extent of Our liability directly to the Network Hospital.	Within 24 hours after the treatment or Hospitalisation.

f. Supporting Documentation & Examination

The Insured Person or someone claiming on your behalf shall provide Us with any documentation, medical records and information We A may request to establish the circumstances of the claim, its quantum or Our liability for the claim within 15 days of the earlier of Our request or the Insured Person's discharge from Hospitalisation or completion of treatment._The Company may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the insured. Such documentation will include but is not limited to the following:

- i) Our claim form, duly completed and signed for on behalf of the Insured Person.
 - ii) Original bills (including but not limited to pharmacy purchase bill, consultation bill, diagnostic bill and any attachments thereto like receipts or prescriptions in support of any amount claimed which will then become Our property.
 - iii) All reports and records, including but not limited to all medical reports, case histories/indoor case papers, investigation reports, treatment papers, discharge summaries
 - iv) A precise diagnosis of the treatment for which a claim is made.
 - v) A detailed list of the individual medical services and treatments provided and a unit price for each.
 - vi) Prescriptions that name the Insured Person and in the case of drugs: the drugs prescribed, their price and a receipt for payment. Prescriptions must be submitted with the corresponding Medical Practitioner's invoice
 - vii) All pre and post investigation, treatment and follow up (consultation) records pertaining to the present ailment for which claim is being made
 - viii) All investigation, treatment and follow up records pertaining to the past ailment(s) since their first diagnoses or detection
 - ix) Treating doctors certificate regarding missing information in case histories e.g. Circumstance of injury and Alcohol or drug influence at the time of accident
 - x) Copy of settlement letter from other insurance company or TPA
 - xi) Stickers and invoice of implants used during surgery
 - xii) Copy of MLC (Medico legal case) records and FIR (First information report), in case of claims arising out of an accident
 - xiii) Regulatory requirements as amended from time to time, currently mandatory NEFT (to enable direct credit of claim amount in bank account) and KYC (recent ID/Address proof and photograph) requirements
 - xiv) Legal heir certificate
- g. The Insured Person will have to undergo medical examination by Our authorised Medical Practitioner, as and when We may reasonably require, to obtain an independent opinion for the

purpose of processing any claim. We will bear the cost towards performing such medical examination (at the specified location) of the Insured Person.

h. Non Disclosure or Misrepresentation:

- i. If at the time of issuance of Policy or during continuation of the Policy, the information provided to Us in the proposal form or otherwise, by You or the Insured Person or anyone acting on behalf of You or an Insured Person is found to be incorrect, incomplete, suppressed or not disclosed, wilfully or otherwise, the Policy shall be:
 - Cancelled ab initio from the inception date or the renewal date (as the case may be), or the Policy may be modified by Us, at our sole discretion, upon 15 day notice by sending an endorsement to Your address shown in the Schedule and
 - The claim under such Policy if any, shall be rejected/repudiated forthwith.
- ii. We may also exercise any of the below listed options for the purpose of continuing the health insurance coverage in case of Non-Disclosure/Misrepresentation of Pre-existing diseases subject to your prior consent;
 - a) Permanently exclude the disease/condition and continue with the Policy
 - b) Incorporate additional waiting period of not exceeding 4 years for the said undisclosed disease or condition from the date the non-disclosed condition was detected and continue with the Policy.
 - c) Levy underwriting loading from the first year of issuance of policy or renewal, whichever is later.

The above options will not prejudice the rights of the Company to invoke cancellation under clause i above.

i. Endorsements

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

j. Change of Policyholder

The Policyholder may be changed only at the time of renewal. The new policyholder must be a member of the Insured Person's immediate family. Such change would be subject to Our acceptance and payment of premium (if any). The renewed Policy shall be treated as having been renewed without break.

The Policyholder may be changed in case of his demise or him moving out of India during the Policy Period.

k. Notices

Any notice, direction or instruction under this Policy shall be in writing and if it is to:

- i) Any Insured Person, it would be sent to You at the address specified in Schedule / endorsement
- ii) Us, shall be delivered to Our address specified in the Schedule.
- iii) No insurance agents, brokers or other person/ entity is authorised to receive any notice on Our behalf.

I. Dispute Resolution Clause

Any and all disputes or differences under or in relation to this Policy shall be determined by the Indian Courts and subject to Indian law.

Section E. Other Terms & Conditions

1. Claim Related Information

For any claim related query, intimation of claim and submission of claim related documents, You can contact HDFC ERGO General Insurance Company Limited through:

Claim Intimation:	Customer Service No. 022-62346234 / 0120-62346234 Email: healthclaims@hdfcergo.com
Claim document submission at address:	HDFC ERGO General Insurance Co. Ltd. Stellar IT Park, Tower-1 5th Floor, C - 25, Sector 62 Noida – 0120 398 8360

Additional Note: Please refer to the list of empanelled network centers on our website or the list provided in the welcome kit.

2. List of Ombudsman

Office Details	Jurisdiction of Office (Union Territory,District)
AHMEDABAD - Shri Kuldip Singh 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@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU - Smt. Neerja Shah Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka.
BHOPAL - Shri Guru Saran Shrivastava 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@cioins.co.in	Madhya Pradesh Chattisgarh.
BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman,	Orissa.

<p>62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in</p>	
<p>CHANDIGARH - Dr. Dinesh Kumar Verma 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@cioins.co.in</p>	Punjab, Haryana(excluding Gurugram, Faridabad, Sonepat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.
<p>CHENNAI - Shri M. Vasantha Krishna 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@cioins.co.in</p>	Tamil Nadu, Tamil Nadu PuducherryTown and Karaikal (which are part of Puducherry).
<p>DELHI - Shri Sudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in</p>	Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.
<p>GUWAHATI - Shri Kiriti .B. Saha Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in</p>	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
<p>HYDERABAD - Shri I. Suresh Babu 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 - 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in</p>	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
<p>JAIPUR - Smt. Sandhya Baliga Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor,</p>	Rajasthan.

Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in	
ERNAKULAM - Ms. Poonam Bodra 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@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
KOLKATA - Shri P. K. Rath 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@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW -Shri Justice Anil Kumar Srivastava 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@cioins.co.in	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdara, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI - Shri Milind A. Kharat Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA - Shri Chandra Shekhar Prasad Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur,

Email: bimalokpal.noida@cioins.co.in	Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA - Shri N. K. Singh Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand.
PUNE - Shri Vinay Sah 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@cioins.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

This Policy is subject to regulation 12 of IRDAI (Protection of Policyholder's Interests) Regulations 2017.

Schedule of Benefits – Easy Health Individual

	Standard	Exclusive		
Sum Insured per Insured Person per Policy Year (Rs. in Lakh)	1.00, 1.50, 2.00, 2.50, 3.00, 4.00, 5.00, 7.5, 10, 15	3.00, 4.00, 5.00	7.50, 10.00	15.00, 20.00, 25.00, 50.00
1 a) In-patient Treatment	Covered	Covered		
1 b) Pre-hospitalization	Covered	Covered		
1 c) Post-hospitalization	Covered	Covered		
1 d) Day Care Procedures	Covered	Covered		
1 e) Domiciliary Treatment	Covered	Covered		
1 f) Organ Donor	Covered	Covered		
1 g) Emergency Ambulance	Upto Rs.2000 per hospitalisation	Upto Rs.2000 per hospitalisation		
1 h) Ayush Benefit	Upto Rs 20,000	Upto Rs 25,000		Upto Rs 50,000
1 i) Daily Cash for choosing Shared Accommodation	Rs.500 per day, Maximum Rs.3,000	Rs.500 per day, Maximum Rs.3,000	Rs.800 per day, Maximum Rs.4,800	Rs.1000 per day, Maximum Rs.6,000
2 a) Daily Cash for	Not Covered	Rs.300 per day,	Rs.500 per day, Maximum	Rs.800 per day,

accompanying an insured child		Maximum Rs.9,000	Rs.15,000	Maximum Rs.24,000		
2 b) Newborn baby	Not Covered	Additional Benefit on payment of additional premium				
2 c) Recovery Benefit	Not Covered	Not Covered		Rs 10,000		
2 d) Emergency Air Ambulance	Not covered	Not covered		Upto Rs.2.5 Lacs per hospitalisation		
3 a) Maternity Expenses	Not Covered	Normal Delivery Rs. 15,000* Caesarean Delivery Rs. 25,000* (* Including Pre/Post Natal limit of Rs.1,500 and New Born limit of Rs.2,000) [Waiting Period of 6 years]	Normal Delivery Rs. 25,000* Caesarean Delivery Rs. 40,000* (* Including Pre/Post Natal limit of Rs. 2,500 and New Born limit of Rs.3,500) [Waiting Period of 6 years]	Normal Delivery Rs. 30,000* Caesarean Delivery Rs. 50,000* (* Including Pre/Post Natal limit of Rs. 5,000 and New Born limit of Rs.5,000) [Waiting Period of 4 Years]		
4 Critical Illness (Optional benefit)	Optional, if opted then the Critical Illness Sum Insured 50% or 100% of In-patient Sum Insured subject to minimum of Rs 100,000 upto a maximum of Rs. 10 Lacs	Optional, if opted then the Critical Illness Sum Insured will be 50% or 100% of In-patient Sum Insured		Optional, if opted then the Critical Illness Sum Insured will be 50% or 100% of In-patient Sum Insured upto a maximum of Rs 10 Lacs		
5.1 .Cumulative Bonus	Additional 10% of Base Sum Insured on continuous renewal for each claim free year subject to maximum 100% of Base Sum Insured. Reduced by 10% of Base Sum Insured in event of a claim each year					
5.2. Stay Active	Upto 8% discount on renewal premium subject to insured member achieving the average number of steps in each time interval prescribed in the grid by either walking or running regularly to keep fit. Dependent children covered will not be considered for calculation of average steps.					
5.3. Health Checkup	Upto 1% of Sum Insured per Insured Person upto Rs.5000, only once at the end of a block of every continuous four claim free years.	Upto 1% of Sum Insured subject to a Maximum of Rs.5,000 per Insured Person, only once at the end of a block of every continuous three policy years				
Benefits under 5.1, 5.2, 5.3 are subject to pre-authorisation by HDFC ERGO General Insurance Limited						

Schedule of Benefits – Easy Health Family

	Standard	Exclusive	
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Sum Insured per Policy per Policy Year (Rs. in Lakh)	2.00, 3.00, 4.00, 5.00, 7.50, 10.00, 15.00	3.00, 4.00, 5.00	7.50, 10.00	15.00, 20.00, 25.00, 50.00
1 a) In-patient Treatment	Covered	Covered		
1 b) Pre-hospitalization	Covered	Covered		
1 c) Post-hospitalization	Covered	Covered		
1 d) Day Care Procedures	Covered	Covered		
1 e) Domiciliary Treatment	Covered	Covered		
1 f) Organ Donor	Covered	Covered		
1 g) Emergency Ambulance	Upto Rs.2000 per hospitalisation	Upto Rs.2000 per hospitalisation		
1 h) Ayush Benefit	Upto Rs 20,000	Upto Rs 25,000		Upto Rs 50,000
1 i) Daily Cash for choosing Shared Accommodation	Rs.500 per day, Maximum Rs.3,000	Rs.500 per day, Maximum Rs.3,000	Rs.800 per day, Maximum Rs.4,800	Rs.1000 per day, Maximum Rs.6,000
2 a) Daily Cash for accompanying an insured child	Not Covered	Rs.300 per day, Maximum Rs.9,000	Rs.500 per day, Maximum Rs.15,000	Rs.800 per day, Maximum Rs.24,000
2 b) Newborn baby	Not Covered	Additional Benefit on payment of additional premium		
2 c) Recovery Benefit	Not Covered	Not Covered		Rs 10,000
2 d) Emergency Air Ambulance	Not covered	Not covered		Upto Rs.2.5 Lacs per hospitalisation
3 a) Maternity Expenses	Not Covered	Normal Delivery Rs. 15,000* Caesarean Delivery Rs. 25,000* (* Including Pre/Post Natal limit of Rs.1,500 and New Born limit of Rs.2,000) [Waiting Period 4 years]	Normal Delivery Rs. 25,000* Caesarean Delivery Rs. 40,000* (* Including Pre/Post Natal limit of Rs. 2,500 and New Born limit of Rs.3,500) [Waiting Period 4 years]	Normal Delivery Rs. 30,000* Caesarean Delivery Rs. 50,000* (* Including Pre/Post Natal limit of Rs. 5,000 and New Born limit of Rs.5,000) [Waiting Period of 3 Years]
4 Critical Illness (Optional benefit)	Optional, if opted then the Critical Illness Sum Insured	Optional, if opted then the Critical Illness Sum Insured will be 50% or 100% of In-		Optional, if opted then the Critical Illness Sum Insured will be 50% or

	50% or 100% of In-patient Sum Insured subject to minimum of Rs 100,000 upto a maximum of Rs 10 Lacs	patient Sum Insured	100% of In-patient Sum Insured upto a maximum of Rs 10 Lacs
5.1. Cumulative bonus	Additional 10% of Base Sum Insured on continuous renewal for each claim free year subject to maximum 100% of Base Sum Insured. Reduced by 10% of Base Sum Insured in event of a claim each year. In relation to a Family Floater, the cumulative bonus so applied will only be available in respect of claims made by those Insured Persons who were Insured Persons in the claim free Policy Year and continue to be Insured Persons in the subsequent Policy Year.		
5.2. Stay Active	Upto 8% discount on renewal premium subject to insured member achieving the average number of steps in each time interval prescribed in the grid by either walking or running regularly to keep fit. In a floater policy it would be an average of all adult members covered. Dependent children covered will not be considered for calculation of average steps.		
5.3. Health Checkup	Upto 1% of Sum Insured per Policy upto Rs.5000, only once at the end of a block of every continuous four claim free years	Upto 1% of Sum Insured per Policy subject to a Maximum of Rs. 5,000 per Insured Person, only once at the end of a block of every continuous three policy years.	
Benefits under 5.1,5.2,5.3 are subject to pre-authorisation by HDFC ERGO General Insurance Limited			

Annexure I –**List I - Items for which coverage is not available in the policy**

S. No.	Item	S. No.	Item
1	BABY FOOD	35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
2	BABY UTILITIES CHARGES	36	SPACER
3	BEAUTY SERVICES	37	SPIROMETRE
4	BELTS/ BRACES	38	NEBULIZER KIT
5	BUDS	39	STEAM INHALER
6	COLD PACK/HOT PACK	40	ARMSLING
7	CARRY BAGS	41	THERMOMETER
8	EMAIL / INTERNET CHARGES	42	CERVICAL COLLAR
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	43	SPLINT
10	LEGGINGS	44	DIABETIC FOOT WEAR
11	LAUNDRY CHARGES	45	KNEE BRACES (LONG/ SHORT/ HINGED)
12	MINERAL WATER	46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
13	SANITARY PAD	47	LUMBO SACRAL BELT
14	TELEPHONE CHARGES	48	NIMBUS BED OR WATER OR AIR BED CHARGES
15	GUEST SERVICES	49	AMBULANCE COLLAR
16	CREPE BANDAGE	50	AMBULANCE EQUIPMENT
17	DIAPER OF ANY TYPE	51	ABDOMINAL BINDER

18	EYELET COLLAR	52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
19	SLINGS	53	SUGAR FREE TABLETS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	54	CREAMS POWDERS LOTIONS (TOILETRIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	55	ECG ELECTRODES
22	TELEVISION CHARGES	56	GLOVES
23	SURCHARGES	57	NEBULISATION KIT
24	ATTENDANT CHARGES	58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	59	KIDNEY TRAY
26	BIRTH CERTIFICATE	60	MASK
27	CERTIFICATE CHARGES	61	OUNCE GLASS
28	COURIER CHARGES	62	OXYGEN MASK
29	CONVEYANCE CHARGES	63	PELVIC TRACTION BELT
30	MEDICAL CERTIFICATE	64	PAN CAN
31	MEDICAL RECORDS	65	TROLLY COVER
32	PHOTOCOPIES CHARGES	66	UROMETER, URINE JUG
33	MORTUARY CHARGES	67	AMBULANCE
34	WALKING AIDS CHARGES	68	VASOFIX SAFETY

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

Sl No	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS

20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

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

SI No.	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON

22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

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

SI No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP– COST
8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION\STERILLIUM
17	Glucometer& Strips
18	URINE BAG



Golden Shield Policy Wording

b. Preamble

This Policy has been issued on the basis of the Disclosure to information Norm, including the information provided by Proposer in respect of the Insured Persons in the Proposal Form, any application for insurance cover in respect of any Insured Person and any other information or details submitted in relation to the Proposal Form. This Policy is a contract of insurance between You and Us which is subject to the receipt of premium in full and accepted by Us in respect of the Insured Persons and the terms, conditions and exclusions as specified in the Policy/ Policy Schedule / Product Benefit Table of this Policy.

c. Definitions

For the purposes of this Policy, the terms specified below shall have the meaning set forth wherever appearing/ specified in this Policy or related Extensions:

Where the context so requires, references to the singular shall also include references to the plural and references to any gender shall include references to all genders. Further any references to statutory enactment include subsequent changes to the same.

i. Standard definitions (Definitions whose wordings are specified by IRDAI)

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

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 was taken.

Ayush Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical practitioner(s) comprising of any of the following:

- a. Central or State government AYUSH hospital; or
- b. Teaching hospital attached to AYUSH college recognized by the central government/Central council of Indian medicine/ Central council for Homeopathy; or
- c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH medical practitioner and must comply with the following criterion:
 - i. Having at least 5 in-patient beds
 - ii. Having qualified AYUSH medical practitioner in charge round the clock
 - iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation

theatre where surgical procedures are to be carried out;

- iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative

AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in- patient services and must comply with all the following criterion:

- a. Having qualified registered AYUSH Medical Practitioner(s) in charge;
- b. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
- c. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

(Explanation: Medical practitioner referred in the definition of "AYUSH Hospital" and "AYUSH day care center" shall carry the same meaning as defined in the definition of "Medical practitioner" under chapter I of Guidelines)

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.

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

Congenital Anomaly refers to a condition(s) 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/proposer will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.

Golden Shield

Cumulative Bonus shall mean any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium.

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

- 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

Day Care Treatment refers to medical treatment, and/or Surgical Procedure which is

- i. undertaken under General or Local Anesthesia in a Hospital/ Day care centre in less than 24 hrs because of technological advancement, and
- ii. which would have otherwise required a hospitalisation of more than 24 hours.

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

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

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

Disclosure to information Norm means the policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, misdescription or non-disclosure of any material fact.

Domiciliary Hospitalisation means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:

- a. the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
- b. the patient takes treatment at home on account of non-availability of room in a hospital.

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

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.

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 Regulations) Act 2010 or under enactments specified under the Schedule of Section 56(1) of the said Act Or comply with all minimum criteria as under:

- a. has qualified nursing staff under its employment round the clock;
- b. has at least 10 inpatient beds, in those towns having a population of less than 10,00,000 and 15 inpatient 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.

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.

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

Illness means a sickness or 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 your rehabilitation for the patient or for the patient to be specially trained to cope with it

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- iv. it continues indefinitely
- v. It recurs or is likely to recur

Injury means any 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.

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

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.

Maternity expenses means;

- a. medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalisation);
- 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 Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

Medically Necessary Treatment is defined as any treatment, tests medication or stay in hospital or part of a stay in Hospital which

1. Is required for the medical management of the illness or Injury suffered by the insured
2. Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity
3. Must have been prescribed by a Medical practitioner
4. Must conform to the professional standard widely accepted in international medical practice or by the medical community in India

Migration means the right accorded to health insurance policyholders/proposers (including all members under family cover and members of group

Health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer.

Network Provider means hospitals or health care providers enlisted by an insurer, 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

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

Portability means the right accorded to an individual health insurance policyholder/proposers (including all members under family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another insurer

Pre-existing Disease means any condition, ailment, injury or disease

- a. That is/ are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or
- b. For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.

Post-Hospitalisation Medical Expenses means medical expenses incurred during predefined number of days immediately after the Insured Person is discharged from the hospital, provided that:

- a. Such Medical Expenses are for the same condition for which the Insured Person's Hospitalisation was required, and
- b. The In-patient Hospitalisation claim for such Hospitalisation is admissible by the Insurance Company.

Pre-Hospitalisation Medical Expenses means medical expenses incurred during predefined number of days preceding the hospitalization of the insured person, provided that:

- a. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
- b. The In-patient Hospitalisation claim for such Hospitalisation is admissible by the Insurance Company.

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

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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 illness/injury involved.

Renewal defines 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.

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

Subrogation shall mean 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.

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

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

ii. Specific definitions (Definitions other than those mentioned under c. i. above)

Admission means Your admission in a Hospital as an inpatient for the purpose of medical treatment of an Injury and/or illness.

AYUSH treatments refers to the medical aid and / or hospitalisation treatments given under 'Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems

Annual Sum Insured means and denotes the maximum amount of cover available to You during each Policy Year of the Policy Period, as stated in the Policy Schedule or any revisions thereof based on Claim settled under the Policy.

Break in Policy occurs at the end of the existing policy term, when the premium due for renewal on a given policy is not paid on or before the premium renewal date or within 30 days thereof.

Claim means a demand made by You or on Your behalf for payment of Medical Expenses or any other expenses or benefits, as covered under the Policy.

Immediate Family means spouse, dependent children, brother(s), sister(s) and dependent parent(s) of the insured.

Insured/Insured Person(s) means the individual(s) whose name(s) is/are specifically appearing as such in

the Policy Schedule and is/are hereinafter referred as "You"/"Your"/"Yours"/"Yourself"

Medical Practitioner is 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 his license.

The term Medical Practitioner would include physician, specialist, anaesthetist and surgeon but would exclude You and Your spouse, Your children, Your brother(s), Your sister(s) and Your parent(s).

Period of Insurance means the period as specifically appearing in the Policy Schedule and commencing from the Policy Period Start Date of the first Policy taken by You from Us and then, running concurrent to Your current Policy subject to the Your continuous renewal of such Policy with Us.

Policy means these Policy wordings, the Policy Schedule and any applicable endorsements or extensions attaching to or forming part thereof. The Policy contains details of the extent of cover available to You, what is excluded from the cover and the terms & conditions on which the Policy is issued to You.

Proposer means the person(s) or the entity named in the Policy Schedule who executed the Policy Schedule and is (are) responsible for payment of premium(s).

Policy Period means the period commencing from the Policy Period Start Date, Time and ending at the Policy Period End Date, Time of the Policy and as specifically appearing in the Policy Schedule.

Policy Year means a period of twelve months beginning from the Policy Period Start Date and ending on the last day of such twelve-month period. For the purpose of subsequent years, "Policy Year" shall mean a period of twelve months beginning from the end of the previous Policy Year and lapsing on the last day of such twelve-month period, till the Policy Period End Date, as specified in the Policy Schedule

Service Provider means any person, organization, institution, or company that has been empanelled with Us to provide services specified under the Benefits (including add-ons) to The Insured person. These shall also include all healthcare providers empanelled to form a part of network other than hospitals.

The list of the Service Providers is available at our website (<https://www.icicilombard.com/content/ilomen/serviceprovider/search.asp>) and is subject to amendment from time to time.

You/Your/ Yours/ Yourself means the person(s) that We insure and is/are specifically named as Insured / Insured Person(s) in the Policy Schedule.

We/ Our/ Ours/ Us means the ICICI Lombard General Insurance Company Limited

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d. Benefits covered under the policy

The Benefits listed in base cover are in-built benefits and shall be available to all Insured Persons in accordance with the procedures set out in this Policy wording.

This Policy covers Allopathic and AYUSH treatments taken in India ONLY. Any expenses incurred outside the policy period will NOT be covered.

Any claims made under any of the benefits mentioned below (except Care management program, Care management plus program,) will impact eligibility for Additional Sum Insured.

Any unutilized annual sum insured/tele-consultations/e-consultations/benefits cannot be carried forward to the next policy year.

Base Cover

1. In Patient Treatment

We will cover the following Medical Expenses incurred in respect of Hospitalization of the Insured Person during the Policy Period, up to the Annual Sum Insured specified in the Policy Schedule against this Benefit:

- i. Room Rent up to Twin sharing room (for Annual Sum Insured below ₹ 10 Lacs and Single private AC room for annual sum insured ₹ 10L and above);
- ii. Intensive Care Unit Charges;
- iii. Qualified Nurse charges;
- iv. Medical Practitioner's Fees;
- v. Anaesthesia, blood, oxygen, operation theatre charges, medicines, drugs and consumables (other than those specified in the list of excluded expenses (non-medical) in Annexure I);
- vi. Surgical appliances and prosthetic devices recommended in writing by the attending Medical Practitioner and that are used intra operatively during a Surgical Procedure;
- vii. Cost of investigative tests or prescribed diagnostic procedures directly related to the Injury/Illness for which the Insured Person is Hospitalized;

We will consider a claim under this Benefit, subject to the following:

- i. The Hospitalization is for Medically Necessary Treatment.
- ii. The hospitalization warrants inpatient admission in view of active line of treatment.
- iii. The Hospitalization commences and continues on the written advice of a Medical Practitioner.
- iv. The Medical Expenses incurred are Reasonable and Customary Charges.
- v. If the Insured Person is admitted in a room category/ limit that is higher than the one that is specified in the Policy Schedule/ Product benefit table of this policy, then the Insured Person shall bear a rateable proportion of the total Associated medical expenses (including surcharges or taxes thereon) in the

proportion of the difference between room rent of the entitled room category to the room rent actually incurred

- a. For the purpose of this cover, "Associated medical expenses" shall include room rent, nursing charges, operation theatre charges, fees of medical practitioner including surgeon/ anaesthetist / specialist within the same hospital where the insured person has been admitted and will not include the cost of pharmacy and consumables, cost of implants, medical devices and cost of diagnostics.
- b. Proportionate deductions are not applicable for ICU charges
- c. Proportionate deductions shall not be applicable for hospitals which do not follow differential billing or for those expenses in respect of which differential billing is not adopted based on the room category.
- vi. Expenses associated with automation machine for peritoneal dialysis shall not be payable
- vii. Any Medical Expenses payable shall not in aggregate exceed the Annual Sum Insured and additional sum insured / cumulative bonus (if any) as specified in the Policy Schedule against this Benefit.

2. Day Care Treatment

We will cover the Medical Expenses incurred in respect of the Day Care Treatment of the Insured Person during the Policy Period provided that:

- i. The Day Care Treatment is for Medically Necessary Treatment.
- ii. The Day Care Treatment follows the written advice of a Medical Practitioner.
- iii. The Medical Expenses incurred are Reasonable and Customary Charges.
- iv. We will also cover Medical Expenses incurred for procedures including but not limited to intravenous chemotherapy, radiotherapy, hemodialysis or any other therapeutic procedure which requires a period of specialized observation or medical care after completion of the procedure.
- v. We will not cover any Out Patient Treatment or diagnostic services under this Benefit.
- vi. Expenses associated with automation machine for peritoneal dialysis shall not be payable
- vii. Any Medical Expenses payable shall not in aggregate exceed the Sum Insured and additional sum insured/ cumulative bonus (if any) specified in the Policy Schedule against this Benefit.

3. Coverage for Modern Treatments

We will cover the Medical Expenses incurred in respect of Hospitalization of the Insured Person for the below mentioned modern treatments during the Policy Period, up to the Annual Sum Insured

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Sr. No.	Treatment/Procedure
1	Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
2	Immunotherapy- Monoclonal Antibody to be given as injection
3	Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
4	Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions
5	Balloon Sinuplasty
6	Oral Chemotherapy
7	Robotic surgeries*
8	Stereotactic radio Surgeries
9	Deep Brain stimulation
10	Intra vitreal injections
11	Bronchical Thermoplasty
12	IONM - (Intra Operative Neuro Monitoring)

Robotic surgeries shall be subject to sub-limits as mentioned under d. benefits covered under the policy
Base cover 15 Sub-limits applicable

4. Pre Hospitalisation expenses

We will cover the Pre-hospitalization Medical Expenses incurred in respect of the Insured Person for up to 60days immediately before the Insured Person's Admission to Hospital provided that:

- i. The Pre-hospitalization Medical Expenses incurred are Reasonable and Customary Charges.
- ii. We have accepted the claim under "d. Benefits covered under the policy Base cover 1. Inpatient Treatment" in respect of the Insured Person.
- iii. We shall not be liable to make any payment in respect of any Pre-hospitalization Medical Expenses incurred prior to the Policy Period Start Date of the first policy with Us in respect of the Insured Person.
- iv. Expenses incurred on nursing care at home are excluded from the scope of pre hospitalization expenses.
- v. This Benefit will be provided on a reimbursement basis only.
- vi. Any Pre-hospitalization Medical Expenses payable shall not in aggregate exceed the Annual Sum Insured and additional sum insured /cumulative bonus (if any) as specified in the Policy Schedule against this Benefit

5. Post Hospitalisation expenses

We will cover the Post-hospitalization Medical Expenses incurred in respect of the Insured Person for up to 180 days immediately following the Insured Person's discharge from Hospital provided that:

- i. The Post-hospitalization Medical Expenses incurred are Reasonable and Customary Charges.

- ii. We have accepted the claim under "Inpatient Treatment" in respect of the Insured Person.
- iii. We will also consider Post-hospitalization Medical Expenses incurred on Physiotherapy provided that such Physiotherapy is advised in writing by the treating Medical Practitioner and is Medically Necessary Treatment. This service will be provided on a reimbursement and/ or cashless basis where ever applicable.
- iv. Expenses incurred on nursing care at home are excluded from the scope of post hospitalization expenses.
- v. Any Post-hospitalization Medical Expenses payable during the Policy period shall not in aggregate exceed the Annual Sum Insured and additional sum insured /cumulative bonus (if any) as specified in the Policy Schedule against this Benefit.

6. Donor Expenses

We will cover the Medical Expenses incurred in respect of an organ donor's Hospitalization during the Policy Period for the harvesting of the organ donated to the Insured Person provided that:

- i. The organ donation conforms to the Transplantation of Human Organs Act 1994 and the organ is for the use of the Insured Person;
- ii. We will cover only those Medical Expenses incurred in respect of an organ donor as an in-patient in the Hospital.
- iii. The Medical Expenses incurred are Reasonable and Customary Charges.
- iv. Any Medical Expenses payable during the Policy period shall not in aggregate exceed the Annual Sum Insured and additional sum insured /cumulative bonus (if any) as specified in the Policy Schedule against this Benefit subject to an overall limit of ₹ 10,00,000 only
- v. We have accepted a claim under Section "Inpatient treatment" in respect of the Insured Person.

We shall not be liable to pay for any claim under this Benefit which arises directly or indirectly for or in connection with any of the following:

- i. Pre-hospitalization Medical Expenses or Post-hospitalization Medical Expenses of the organ donor.
- ii. Screening expenses of the organ donor.
- iii. Any other Medical Expenses as a result of the harvesting from the organ donor.
- iv. Costs directly or indirectly associated with the acquisition of the donor's organ (other than hospitalisation costs involved).
- v. Transplant of any organ/tissue where the transplant is experimental or investigational.
- vi. Expenses related to organ transportation or preservation.
- vii. Expenses incurred by an Insured Person as a donor.

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- viii. Any other medical treatment or complication in respect of the donor, consequent to harvesting.

7. Domiciliary Hospitalization

We will cover the Medical Expenses incurred in respect of the Domiciliary Hospitalization of the Insured Person during the Policy Period provided that:

- i. The Domiciliary Hospitalization is for Medically Necessary Treatment.
- ii. The Domiciliary Hospitalization commences and continues on the written advice of a Medical Practitioner.
- iii. The Medical Expenses incurred are Reasonable and Customary Charges.
- iv. The Domiciliary Hospitalization continues for at least 3 consecutive days in which case We will make payment under this Benefit in respect of Medical Expenses incurred from the first day of Domiciliary Hospitalization.
- v. Any Medical Expenses payable shall not in aggregate exceed the Annual Sum Insured and additional sum insured /cumulative bonus (if any) as specified in the Policy Schedule against this Benefit.

We shall not be liable to pay for any claim under this Benefit which arises directly or indirectly from or in connection with any of the following:

- a) Asthma, bronchitis, tonsillitis and upper respiratory tract infection including laryngitis and pharyngitis, cough and cold, influenza;
- b) Arthritis, gout and rheumatism;
- c) Ailments of spine/disc
- d) Chronic nephritis and nephritic syndrome;
- e) Any liver disease;
- f) Peptic ulcer
- g) Diarrhea and all type of dysenteries, including gastroenteritis;
- h) Diabetes mellitus and insipidus;
- i) Epilepsy;
- j) Hypertension;
- k) Pyrexia of any origin

8. Home Care Treatment

We will cover the medical expenses incurred by the Insured person on home care treatment maximum up to 5% of Annual Sum Insured provided that:

- a. The Medical Practitioner advises the Insured Person to undergo treatment at home
- b. There is a continuous active line of treatment with monitoring of the health status by a medical practitioner for each day through the duration of the home care treatment.
- c. Daily monitoring chart including records of the treatment duly signed by the treating doctor is maintained.

- d. The condition of the Insured Person is expected to improve in a reasonable and foreseeable period of time.

- e. Prior approval from Us has been taken. The Home care treatment is availed only on a cashless basis, subject to availability of our empanelled service provider(s). Kindly visit our website for cities/locations where such services are available.

- f. Treatment availed is not categorized under "AYUSH" or any form of non- allopathic treatment

- g. Such treatment cannot be provided on outpatient basis However in case of unavailability of our empanelled service provider in the insured person's location, in case the insured person intends to avail the services of non-network provider and claims for reimbursement, a prior approval from Us needs to be taken before availing such services.

In case the insured person breaches the conditions of approval or fails to take the prior written approval from Us, we are not liable to settle any claim under this section.

For the purpose of this benefit, Home care treatment shall include:

- a. Diagnostic tests underwent at home as advised by medical practitioner
- b. Medicines prescribed in writing by a medical practitioner
- c. Consultation charges of the medical practitioner
- d. Nursing charges if advised by the medical practitioner

Any expenses payable during the Policy period shall not in aggregate exceed the Annual Sum Insured and additional sum insured /cumulative bonus (if any) as specified in the.

9. In Patient AYUSH Hospitalization

We will cover the Medical Expenses incurred in respect of the Insured Person's AYUSH Treatment during the Policy Period up to the Annual Sum Insured specified in the Policy Schedule provided that:

- i. The Medical Expenses incurred are Reasonable and Customary Charges.
- ii. The Insured Person is Hospitalized for AYUSH Treatment at a AYUSH hospital or an AYUSH Day-care centre.
- iii. The Insured Person's Hospitalization commences and continues on the written advice of the treating Medical Practitioner.
- iv. Any Medical Expenses payable during the Policy period shall not in aggregate exceed the Annual Sum Insured and additional sum insured /cumulative bonus (if any) as specified in the Policy Schedule against this Benefit.
- v. This Benefit will be provided on a reimbursement and/ or on cashless basis where ever applicable.

We shall not be liable to pay for any claim under this Benefit which arises directly or indirectly for or in connection with any of the following:

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- i. Pre-hospitalization Medical Expenses or Post-hospitalization Medical Expenses.
- ii. Any expenses incurred for the purpose of evaluation or investigation.

10. Domestic road ambulance cover

We will cover the expenses incurred on road ambulance services which are offered by a healthcare or ambulance service provider and which have been used during the Policy Period to transfer the Insured Person to the nearest Hospital with adequate emergency facilities for the provision of Emergency Care, provided that:

- Our maximum liability under this Benefit for every claim arising during the Policy Year will be restricted to 1% of the Annual Sum insured maximum up to ₹10,000;
- We have accepted a claim under "Inpatient treatment" in respect of the Insured Person for the same Accident/Illness for which road ambulance services were availed.
- This Benefit includes and is limited to the cost of the transportation of the Insured Person:
 - a) From the place of injury/illness to the nearest hospital
 - b) To the nearest Hospital with higher medical facilities which is prepared to admit the Insured Person and provide the necessary medical services if such medical services cannot satisfactorily be provided at a Hospital where the Insured Person is situated, and only if that transportation has been prescribed in writing by a Medical Practitioner and is for Medically Necessary Treatment.
 - c) From a Hospital to the nearest diagnostic centre during the course of Hospitalization for advanced diagnostic treatment in circumstances where such facility is not available in the existing Hospital.
- The ambulance / service provider providing the services be a registered provider with road traffic authority.

Any expenses in relation to transportation of the Insured Person from Hospital to the Insured Person's residence while transferring an Insured Person after he/she has been discharged from the Hospital are not payable under this Benefit.

11. Air Ambulance

We will cover the expenses up to the Annual sum insured incurred on air ambulance services in respect of an Insured Person which are offered by a healthcare or an air ambulance service provider and which have been used during the Policy Period to transfer the Insured Person to the nearest Hospital with adequate emergency facilities for the provision of Emergency Care, provided that:

- a. It is for a life threatening emergency health condition/s of the Insured Person which requires immediate and

rapid ambulance transportation from the place where the Insured Person is situated at the time of requiring Emergency Care to a hospital provided that the transportation is for Medically Necessary Treatment, is certified in writing by a Medical Practitioner, and road ambulance services cannot be provided.

- b. Such air ambulance providing the services, should be duly licensed to operate as such by a competent government Authority.
- c. This cover is limited to transportation from the area of emergency to the nearest Hospital only;
- d. We will not cover:
 - a. Any transportation from one Hospital to another;
 - b. Any transportation of the Insured Person from Hospital to the Insured Person's residence after he/she has been discharged from the Hospital
 - c. Any transportation or air ambulance expenses incurred outside the geographical scope of India.
- e. We have accepted a claim under Inpatient treatment in respect of the Insured Person for the same Accident/Illness for which air ambulance services were availed.
- f. We shall not be liable if Medically Necessary Treatment can be provided at the Hospital where the Insured Person is situated at the time of requiring Emergency Care.

12. Base Co-payment

This policy will be subject to 50% base co-payment and He/She shall be liable to pay 50% of admissible claim amount of each and every claim. Base Co-payment once chosen cannot be changed mid-term. Modification of co-payment may happen only during renewal subject to underwriting. In case, base co-payment is reduced during renewal, fresh waiting periods shall be applicable on the modified portion of base co-payment.

- i. Base Co-payment shall be applicable to all benefits under the policy except any benefits availed under Care management program, Care management plus program, preventive health check-up.
- ii. Base Co-payment shall not be applicable in case voluntary deductible has been opted for.

13. Cumulative Bonus/ Additional Sum Insured

We will provide a Cumulative Bonus of 10% of the Annual Sum insured at the end of each Policy Year if the expiring Policy has been claim free and is continuously renewed with Us. The Cumulative Bonus will not be accumulated for more than 100% of the Annual Sum insured under any circumstances.

- i. In case where the policy is on a floater basis the cumulative bonus will be on floater basis and for individual policy the same will be on an individual basis.
- ii. In case where the policy is on a floater basis, the cumulative bonus will be accrued only if no claims have

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- been made in respect of all Insured Person(s) in the expiring policy period.
- iii. In a floater policy as specified in the Policy Schedule, the Cumulative Bonus so accrued during the previous Policy Year(s) will only be available to those Insured Person(s) who were insured in previous Policy Year(s) and continue to be insured with Us in the subsequent Policy Year(s).
 - iv. Cumulative Bonus will not be added if the Policy is not renewed with Us by the end of the Grace Period.
 - v. Cumulative bonus can be utilised only when the Annual Sum Insured is completely exhausted.
 - vi. If the Policy Period is two or three years, any Cumulative Bonus that has accrued for the first/second Policy Year will be credited at the end of the first/second Policy Year as the case may be and will be available for any claims made in the subsequent Policy Year.
 - vii. If the Insured Persons in the expiring policy are covered on an individual basis as specified in the Policy Schedule and there is an accumulated Cumulative Bonus for each Insured Person under the expiring policy, and such expiring policy has been Renewed with Us on a floater policy basis as specified in the Policy Schedule then the Cumulative Bonus to be carried forward for credit in such Renewed Policy shall be the lowest among all the Insured Persons.
 - viii. In case of floater policies where Insured Persons Renew their expiring policy with Us by splitting the Annual Sum Insured in to individual policies the Cumulative Bonus of the expiring policy shall be apportioned to such Renewed Policies in the proportion of the Annual Sum Insured of each Renewed Policy as detailed in table below.

Annual Floater Sum Insured	Accumulate dCumulative bonus/ Additional SumInsured (after 5claim freeyears)	Floater policy split to individual policies with Annual Sum Insured of 10 Lacs each	Revised AnnualSum Insured of each individual policy	Revised Accumulated Cumulative bonus/ Additional SumInsured of each individual policy
20 Lac	10 Lac		10 Lac	5 Lac

- ix. If the Annual Sum Insured has been reduced at the time of Renewal, the applicable Cumulative Bonus shall be reduced in the same proportion to the Annual Sum Insured as detailed in table below

Annual Sum Insured	Accumulated Cumulative bonus/ Additional SumInsured (after 5claim freeyears)	Annual Sum Insured reduced to ₹ 10 Lacs	Revised Annual Sum Insured	Revised Accumulated Cumulative bonus/ Additional SumInsured
20 Lac	10 Lac		10 Lac	5 Lac

- x. If the Annual Sum Insured under the Policy has been increased at the time of Renewal the Cumulative Bonus shall be calculated on the Annual Sum Insured of the last completed Policy Year.

- xi. In the event of a Claim under the Policy during any subsequent Policy Year, the accrued cumulative bonus shall not be reduced.

14. Reset Benefit

We will reset the Annual Sum insured up to 100% of the Annual Sum insured unlimited times, for all future claims within the same policy not related to the illness / disease / injury for which a claim has been paid for the same insured person in a Policy Year as stated in the Policy Schedule, provided that:

- i. The Annual Sum insured including additional sum insured /Cumulative Bonus (if any) in respect of the Insured Person is insufficient as a result of previous claims paid in that Policy Year.
- ii. The total amount of reset will not exceed the Annual Sum Insured for that policy year.
- iii. The Reset Benefit will be applied only if the claim is made and admissible under "Inpatient Treatment" or "Daycare Procedure".
- iv. The Reset Benefit will not be triggered for the first claim made during the Policy Year.
- v. The Reset benefit will be triggered only once and not unlimited times for all future claims within the same policy which are related to the illness/disease/injury for which a claim has already been paid/registered for the same insured person.
- vi. For individual policies, reset Sum Insured will be available on individual basis whereas for floater policies, it will be available on floater basis.
- vii. For any single claim during a Policy Year , the maximum claim amount payable shall not exceed the sum of
 - The Annual Sum insured;
 - additional sum insured /Cumulative Bonus;
- viii. The Reset Benefit will not be available for an Illness / Injury or related complications including but not limited to any relapse within 45 days in respect of which a claim has been paid in that Policy Year for the same Insured Person.
- ix. Any unutilized Reset Benefit will not be carried forward to any subsequent Policy Years.
- x. During a Policy Year, the aggregate claim amount payable, shall not exceed the sum of:
 - The Annual Sum Insured
 - additional sum insured /Cumulative Bonus
 - Reset Sum Insured

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15. Sub-limits applicable

The expenses payable during the entire policy period for treatment of the following diseases/ conditions (either as a day care or as an in-patient exceeding 24hrs of admission in the hospital) shall be maximum up to the amount mentioned in the table below;

Procedures/Medical Conditions/Ailments/Diseases	Annual Sum Insured		
	3L/4L/5L	10L/15L/20L	>20L
Treatment of cataract	Up to ₹ 25,000/ eye	Up to ₹ 50,000/ eye	Up to ₹ 75,000/ eye
Treatment of each and every ailment/procedure mentioned below			
Treatment of cerebrovascular and cardiovascular disorders	₹ 2,00,000	₹ 3,50,000	₹ 5,00,000
Treatment/surgeries for cancer(including chemo/radio/oral)			
Treatment of other renal complications and disorders			
Treatment for breakage of long bones/Joint replacements			
Robotic surgeries for any ailment/condition/disease	₹ 1,00,000	₹ 1,75,000	₹ 2,50,000

Sub-limits will include the expenses incurred on pre hospitalisation and post hospitalisation expenses

16. Enhanced Annual Sum insured for Road Traffic Accidents

If the insured person meets with a Road Traffic Accident resulting in in-patient hospitalization, then the Annual Sum Insured shall be doubled subject to the following:

- It is declared and proven that the insured person was taking due safety precautions such as use of seat-belt/ helmet/ following road traffic signals and was either riding as pillion rider in a two wheeler or travelling in a four wheeler at the time of accident as evidenced by Police record and Hospital record.
- The enhanced(doubled) Sum Insured shall be available only once during the policy period.
- The enhanced (double) Sum Insured shall be available only after exhaustion of the annual sum insured.
- The enhanced Sum Insured can be utilized only for that particular hospitalization following the Road Traffic Accident.
- Reset benefit shall not trigger for claims under this cover.
- This benefit shall not be applicable for day care treatment.
- The unutilized balance of enhanced (doubled) sum insured for road traffic accidents cannot be carried forward for the remaining policy period or for renewal.
- Claims under this benefit will reduce the Cumulative bonus/additional sum insured

17. Preventive health check-up

Insured Persons can avail a preventive health check-up as per our pre- defined package only at our network providers or empanelled health service providers anytime during the Policy period subject to the below conditions:

- This benefit can be availed only on cashless basis and is limited to once a year per Insured Person.
- This benefit can be availed through our mobile application or via utilisation of health check-up coupons provided with the policy kit

- The Network Provider /Health Service Provider shall be assigned by Us post receiving Insured Person's request to avail a health check-up under this Benefit.
- Utilisation of this preventive health check-up will not impact the Annual Sum Insured or eligibility for additional sum insured/cumulative Bonus.
- Un-utilised health check-up package will not be carried forward to the next policy year and it will be the Insured Person's choice and responsibility to utilise the same within the designated policy period. We shall not be liable to provide any reminders or notifications for the same.
- In-case of long term policies (2 year or 3 years), the preventive health check-up package for all the policy years shall be provided together in the first policy year itself. It shall be the responsibility of the Insured Person to preserve the same and undergo the check-ups during the designated policy years.

Please Note:

- *We shall not hold any responsibility towards any loss or damage arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the Medical Practitioner/ Healthcare professional.*
- *Choosing the services under this Benefit is purely upon the customer's own discretion and at own risk.*
- *The Insured Person should seek assistance from a health care professional when interpreting and applying them to the Insured person's individual circumstances. If the Insured person has any concerns about His/ her health, He/ She may consult His/ her general practitioner.*

18. Incentives associated with Vaccination against pneumococcal disease

We will provide an additional 2.5% discount on premium (fresh or renewal) for Insured Person(s) who have taken the Pneumococcal vaccine or its equivalent vaccine which

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helps prevent pneumococcal disease. All the members covered under the policy should have been vaccinated in the past one year (1 year) from policy start date to avail this discount. i.e. if policy start date is 1st January 2022, all insured persons under the policy should have been vaccinated against Pneumococcal disease in the period from 1st January 2021 to 31st December 2021. This discount shall be provided lifetime as long as the insured person continues to renew this policy.

Mandatory Extension:

19. Care Management Program

In consideration of payment of additional premium, the insured person can avail benefits of the Care Management Program. The Care Management Program aims to provide solutions which will solve everyday challenges/issues faced by You, promote holistic wellbeing and empower You to lead independent and enriching lives.

Our Care management program focusses on providing You with assistance and support in case of any challenge but at the same time equipping you for the future. Our endeavour is to promote longevity, productivity and incentivise You for your healthy behaviour which will enable dignified living.

The Insured Person shall have access to a host of benefits under the Care management program on downloading and registering on our mobile application. This activity is to ensure adequate utilization of services offered and to redeem the wellbeing points awarded.

1. Tele Consultation(s)

We will arrange consultations and recommendations for routine health issues by a qualified Medical Practitioner or health care professional. For the purpose of this benefit Telephonic/Virtual consultation shall mean consultation provided by a qualified Medical Practitioner or Health care professional through various mode of communication like audio, video, online portal, chat or mobile application. The services provided under this Benefit will be made available subject to the terms and conditions, and in the manner prescribed below:

- The Medical Practitioner may suggest / recommend / prescribe over the counter medications based on the information provided, if required on a case to case basis. However, the services under this Benefit should not be construed to constitute medical advice and/or substitute the Insured Person's visit/ consultation to an independent Medical Practitioner/Healthcare professional*.
- There shall be no maximum limit on the count of tele-consultations that can be availed by the Insured Person in a policy year.
- This service will be available 24 hours a day, and 365 days in a year.
- We/Medical Practitioner/Healthcare professional may refer the Insured Person to another specialist or a general physician (outside of our empanelled network), if required and the charges for such

specialist or a general physician will have to be borne by the Insured Person.

- We shall not be liable for any discrepancy in the information provided under this Benefit.
- Choosing the services under this Benefit is purely upon the customer's own discretion and at own risk.
- *The proposer should seek assistance from a health care professional when interpreting and applying them to the Insured person's individual circumstances. If the Insured person has any concerns about His/ her health, He/ She may consult His/her general practitioner. We shall not hold any responsibility towards any loss or damage arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the Medical Practitioner/Healthcare professional.

2. Second E-opinion for Critical Illness

We shall arrange E-opinion on a cashless basis from our empanelled Medical Practitioners in case the Insured Person is diagnosed with any of the below listed critical Illnesses during the Policy Period, and at his/her sole discretion chooses to avail an E-opinion subject to the below mentioned conditions.

- The E-opinion will be arranged on cashless basis and the insured person will not have to bear any expenses on the same.
- The E-opinion will be based only on the information and documentation provided to Us (which will be shared with the Medical Practitioner) and it should not be construed to constitute medical advice and/or substitute the Insured Person's visit/ consultation to an independent Medical Practitioner/Healthcare professional.
- This E-opinion can be availed only once during the Policy Period for the same illness.
- Appointments to avail this E-opinion may be requested through Our Website or Our mobile application or through calling Our call centre on Our toll free number.
- The E-opinion provided under this Benefit shall be limited to the listed critical Illnesses and will not be valid for any medico legal purposes.
- We do not assume any liability towards any loss or damage arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the Medical Practitioner.

List of Critical Illness for which Second E-opinion may be requested

Heart and vascular conditions

1. Myocardial Infarction
2. Refractory heart failure
3. Cardiomyopathy

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Lung Conditions

4. End stage lung Failure
5. Primary(Idiopathic) pulmonary Hypertension

Liver conditions

6. End stage liver Failure

Neuro/ spinal & psychiatric disease

7. Multiple sclerosis with Persisting symptoms
8. Motor neuron disease with Permanent symptoms
9. Permanent paralysis of limbs
10. Stroke resulting in permanent symptoms
11. Coma of specified severity
12. Alzheimer's Disease before age of 50 years
13. Parkinson's disease before age of 50 years
14. Apallic syndrome
15. Benign brain tumour
16. Creutzfeldt-Jakob disease (CJD)
17. Major head trauma

Renal diseases

18. Kidney failure requiring regular dialysis
19. Medullary cystic disease

Musculoskeletal diseases

20. Muscular dystrophy
21. Poliomyelitis
- Bleeding disorders**
22. Aplastic Anaemia
- Auto immune diseases
23. Systemic Lupus Erythematosus with renal involvement
24. Myasthenia gravis
25. Scleroderma
26. Good pastures syndrome with lung or renal involvement
27. Blindness
28. Deafness
29. Cancer of specified severity
30. Third Degree Burns
31. Loss of speech
32. Loss of limbs
33. Loss of Independent Existence

3. Diet and Nutrition e-consultation

We will offer You diet and nutrition e-consultation on a virtual platform via our mobile application to help you achieve your weight and health management goals.

Maximum of 12 sessions will be provided per insured person per policy period.

The e-consultation shall be availed only through virtual modes of chat via our mobile application.

4. E-Counselling

We will offer e-counselling session(s) with a Psychologist via our mobile application for providing assistance in dealing with issues such as but not limited to personal and lifestyle imbalance, anxiety, depression, sleep disorders, stress and problems related to psychological/mental illness/psychiatric and psychosomatic disorders.

Maximum of 12 sessions will be provided per insured person per policy period.

The e-counseling sessions shall be availed only through virtual modes of chat via our mobile application.

5. Health Management Program

The Health Management Program has been designed to ensure a regular monitoring of the Insured Person's health and timely intervention and a concrete plan for corrective measures in case of any decline in the health status of the Insured Person.

The Health Coach shall guide and motivate the Insured Person to follow the customised Health management program designed for them to achieve their health and fitness goals.

As a part of the Health Management Program, the insured person can avail the following benefits

a. Care Calls

All insured persons shall receive care calls to check up on their well-being and safety by our health coach who understand the issues surrounding senior individuals. The insured person(s) will be encouraged to express their concerns surrounding their well-being (if any) on these calls so that the health coach can address them later.

b. Goal based incentives on outcome of Preventive health check-up

Monitoring of one's health status remains an important step towards becoming more self-aware of one's medical/health conditions.

The insured person shall be subjected to a mid-term assessment via a Wellbeing Risk Assessment [WRA] which will include outcome of certain laboratory tests and questionnaire based assessment covering aspects of lifestyle, current medical history & family history.

The assessment will be carried out using a telephonic/digital connect with the Health Coach.

The health coach will encourage the insured person to undergo certain laboratory tests (as detailed in Table A) and we will incentivise the Insured Person in case of favourable findings of the laboratory tests.

The insured person will have to undergo the below mentioned laboratory tests as a part of the mid-term assessment from our empanelled diagnostic

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centres and will be guided by the health coach for the same.

In case the insured person is desirous of undergoing laboratory tests at a diagnostic centre of their choice which is not empanelled with us, the insured person will have to bear the charges associated with the actual costs of the mid-term assessment diagnostic tests/ visit charges / collection charges etc.

The insured person will also have to provide us with the laboratory reports of the below mentioned medical tests/investigations conducted within the policy period for Us to award the wellness points.

Table A

Medical Tests	Favorable findings	Findings that need improvement
Glycosylated Haemoglobin (HbA1c)	< 6%	>6 and up to 7%
Low Density Lipoprotein (LDL)	< 100 mg/dl	>100 and < or = 190 mg/dl
High Density Lipoprotein (HDL)	> or = 40 mg/dl	> 20 mg/dl and <40 mg/dl
Serum cholesterol	< or = 200mg/dl	>200 and < or =300 mg/dl
Serum Triglycerides	<or = 150 mg/dl	> 150 and < = 250mg/dl
S. Creatinine	< or = 1.3 mg/dl	> 1.3 mg/dl

The insured person shall be awarded wellness points as per table B for each laboratory test mentioned below in case the findings of the laboratory test are favourable as detailed in Table A.

Table B

Medical Tests	Wellness points awarded in case of favourable findings
Glycosylated Haemoglobin (HbA1c)	500
Low Density Lipoprotein (LDL)	200
High Density Lipoprotein (HDL)	200
Serum cholesterol	200
Serum Triglycerides	200
Serum Creatinine	200
Total	1500

The maximum wellness points that can be awarded under this activity is restricted to 1500 wellness points per insured person per policy year.

Each wellness point will be valued at INR 0.20. Wellness points so earned can be redeemed against deals and discounts on purchase of medicines from our empanelled pharmacies or undergoing recommended diagnostic tests from our empanelled diagnostic centres etc. as listed on our mobile application.

6. Participation in Yoga/Meditation Sessions/ Completion of Targeted Steps

The Insured Person can earn wellness points by participating in yoga sessions or meditation sessions aimed at maintaining physical and mental Wellness. Participation and successful completion of 10 yoga/meditation sessions in a month will award the insured

person 250 wellness points. Each yoga session/ meditation session must last 30 minutes or more and the maximum wellness points that can be accrued under this task is 1500 per insured person per policy year.

Please Note: The insured persons can join a virtual yoga/meditation class or visit an actual yoga/meditation centre. The expenses associated with the class fees/membership fees/tutor or instructor fees etc. will have to be borne by the insured person. Proof of payment of fees and certificate of completion of sessions will have to be provided to us in order for insured person to earn the wellness points.

Alternately, in case the Insured Person is keen to achieve targeted steps instead of participation in yoga sessions/meditation sessions, we will award 250 wellness points per month provided the insured person takes 4000+ steps per day for atleast 15 days in a month. The maximum wellness points that can be accrued by achieving targeted steps is 1500 per insured person per policy year.

Our mobile application will have to be downloaded within 30 days of the policy start date to avail the benefit as the average step count completed by an Insured person would be monitored on this mobile application.

Each wellness point will be valued at INR 0.20. Wellness points so earned can be redeemed against any services under discounts as mentioned in "discounts on services or products" on our mobile application.

Wellness points accumulated	Maximum wellness points awarded per person per policy year	Rupee Value of Accumulated wellness points
Outcome of Preventive health check-ups	1500	300
Participation in Yoga / Meditation / Completion of Targeted steps	1500	300
Total	3000	600

7. Medical Vault

The insured person can upload His/Her health records in our mobile application so as to protect them from loss or theft. These health records can then be viewed as per need and convenience of the insured person.

By availing this service, the Insured person agrees and has no objection to the health records being maintained with Us for internal use only.

8. Health Assistance (HAT)

HAT shall assist the Insured Person in understanding their health condition better by providing answers to any queries related to health service providers

The services provided under this shall include:

- Identifying a Physician/ Specialist
- Availability of hospital beds/COVID hubs etc.
- Providing guidance on engaging attendants or nurses
- Facilitation with respect to arrangement of mobility aids, daily living aids, medical equipment etc.

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- Scheduling an appointment with any Medical Practitioner empanelled with Us
- Scheduling appointments for a second opinion
- Providing suitable options with respect to Hospitals as well as providing assistance in Cashless facility, wherever applicable.
- Scheduling appointments from diagnostic labs empanelled with us.
- Providing information, assistance and facilitation on door step delivery of medicines
- Providing preventive information on ailments
- Providing guidance on post Hospitalization care, such as Physiotherapy/Nursing at home.

Please note that services provided under this Benefit are solely for assistance, and should not be construed to be a substitute for a visit/ consultation to an independent Medical Practitioner. Our role is limited to that of facilitation and Health Assistance services will not include the charges for any independent Medical Practitioner/nutritionist/ charges incurred on diagnostics/ consulted on HAT's recommendation, and such charges are to be borne by the Insured Person.

For all facilitation services provided under this cover, our role shall be limited to assistance only and the charges and expenses associated with the actual service shall have to be borne by the insured person.

This service is available on our mobile application or by calling on 040-66274205 (please note that this number is subject to change) from 8am to 8pm from Monday to Saturday except public holidays.

By availing this service, the Insured person agrees and has no objection to the health records being maintained with Us for internal use only.

While deciding to obtain the above services, the Insured person(s) expressly notes and agrees that it is entirely for them to decide whether to obtain these services and also to decide the use (if any) to which these services are to be put for.

9. Ambulance Assistance

We will facilitate ground medical transportation by a Service provider to transport the Insured Person to the nearest Hospital or any clinic or nursing home for medically necessary treatment subject to availability of services in that particular city/ location. Kindly visit our website for updated list of cities/ locations where the services are provided.

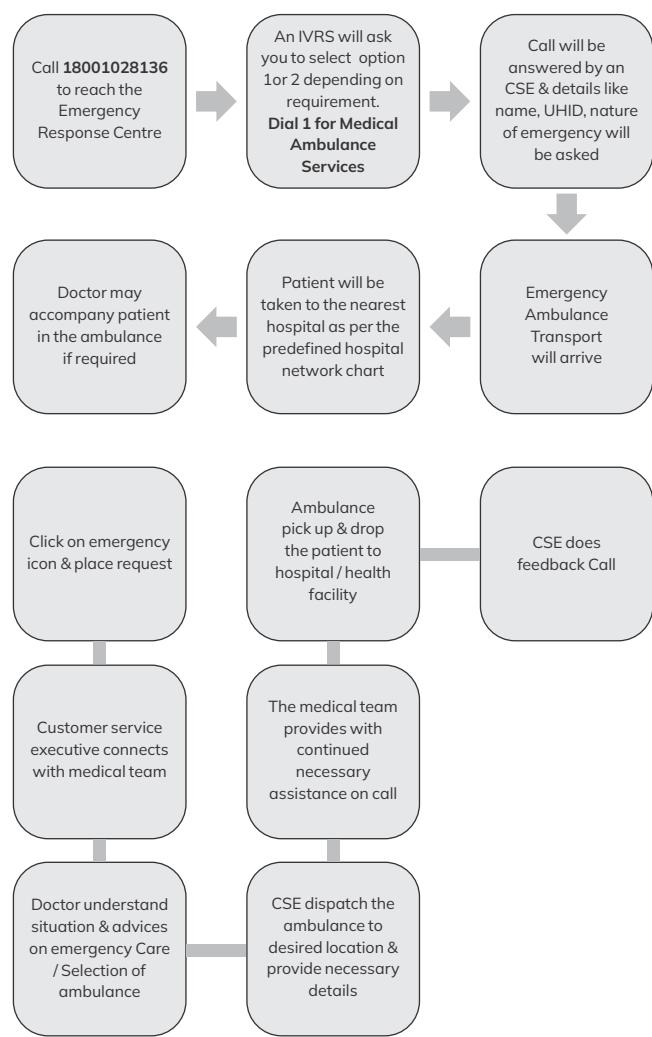
1. The services under this Benefit are subject to the following conditions:
 - The medical transportation is for a life threatening health condition of the Insured Person which requires immediate and rapid transportation to the Hospital; as certified in writing by the Medical practitioner
 - The Insured Person is in India and the treatment is in India only;

- The ambulance service is availed within the same city
- This is an assistance service and the expenses for the same will have to be borne by the insured person or can be claimed under domestic road ambulance cover(if inpatient treatment claim is found to be admissible)

Process to avail Ambulance Assistance:

- a) On calling Our helpline number provided below, Our trained customer service executive (CSE) will ask the Insured person relevant questions to assess the situation.
- b) The call may be redirected to a qualified Medical Practitioner in order to evaluate the requirement for an ambulance with Advanced Life Support based on the Insured Person's condition.
- c) The below mentioned details are to be made available for availing the services:
 1. UHID of Insured Person, as provided on the Health Card.
 2. Contact number of the Insured Person
 3. Location of Insured Person

How to Call an Ambulance? (Via Call)



10. Discounts on services / products

We shall only facilitate the Insured Person in availing discounts on services/ products including but not limited to investigations/ diagnostic tests/ laboratory tests / health supplements/ medical equipment/ homecare services / virtual health & wellness sessions/ AYUSH products / Fitness & wellness related activities & products etc. at our empanelled diagnostic centres, drugs / medicines ordered from pharmacies etc. offered by our network providers/ health service providers. These discounts can be viewed on our mobile application and one can redeem the wellness points earned from Care Management Program (either through favourable findings on health check-up or participation in Yoga/ meditations sessions/ achieving targeted steps per month) for availing discounts as per product terms and conditions and subject to availability.

Terms and Conditions for Care Management Program

- There shall be no minimum wellness points limit for redemption against health related deals and discounts offered on our mobile application.
- The Insured Person(s) can choose to carry forward the wellness points for 3 years, in case they do not wish to redeem the same provided the policy is continuously renewed without any break. The wellness points so accrued shall have to be redeemed at the end of the 3rd Policy year.
- The Insured Person shall notify Us and submit the relevant documents, reports, receipts as and when required by us within 60 days of undertaking any activity for us to reward appropriate wellness points.
- In case of expiry of policy and the policy not being renewed, the accrued wellness points may be carried forward for a period not exceeding three months.
- There shall not be any cash reimbursement or redemption available against the wellness points accumulated by an Insured Person.
- We or Our Health Service Providers or Our Network Providers do not warrant the validity, accuracy, completeness, safety, quality, or applicability of the content or anything said or written or any suggestions provided in the course of providing the wellbeing services.
- We do not accept any liability towards quality of the services made available by our network providers/ health service providers and are not liable for any defects or deficiencies on their part.
- Availability of all Services under the care management program is subject to availability of Health Service provider at the requested location.
- We, Our group entities, or affiliates, their respective directors, officers, employees, agents, vendors, shall not be responsible for or liable for, any actions, claims, demands, losses, damages, costs, charges and expenses which an Insured Person may claim to have suffered, sustained or incurred, as a result of any

advice or information obtained by way of the wellness program or any actions chosen by the Insured Person on the basis of such advice or information.

- The care management program offered is subject to revisions based on the insurance regulatory framework from time to time.

Optional Covers

1. Claim Protector

In consideration of payment of additional premium to Us, the insured person can avail the benefit as mentioned under claim protector. If a claim has been accepted under the inpatient hospitalization cover, then the items which are not payable under the claim as per the List of Excluded items released by IRDAI that is related to the particular claim will become payable. The maximum claim pay-out under this benefit shall be limited to Annual Sum Insured under your policy.

Base Co-payment as opted by the Insured Person in the policy shall be applicable for this cover

2. Modification of Base Co-payment

In consideration of payment of additional premium to Us, The insured person will have the option to reduce his base co-payment from 50% to 40% or 30% or 20% and He/She shall be liable to pay the percentage (%) of admissible claim amount of each and every claim.

Base Co-payment once chosen cannot be changed mid-term. Modification of co-payment may happen only during renewal subject to underwriting. In case, base co-payment is reduced during renewal, fresh waiting periods shall be applicable on the modified portion of base co-payment.

3. Voluntary Deductible

In case the Insured person has opted for a voluntary deductible, as specified in the Policy Schedule, the Deductible will be applicable on aggregate basis for all Hospitalization expenses during the Policy Year before it becomes payable by Us, subject to terms, conditions and exclusions of the Policy. The voluntary deductible option available will be 20% of Annual Sum Insured opted by You.

- i. In case voluntary deductible has been opted for, base co-payment shall not be chosen. Zone based co-payment shall be applicable in case medically necessary treatment (Except medically necessary treatment for road traffic accidents) has been taken in a zone higher (Zone A being the highest followed by Zone B and then Zone C) than the zone for which premium has been paid on issuance of the policy.
- ii. The deductible will apply on individual basis in case of individual policy and on floater basis in case of floater policy.
- iii. Deductible once chosen cannot be changed mid-term. Modification of deductible may happen only during renewal subject to underwriting.

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4. Care management Plus Program

In consideration of payment of additional premium, Insured Person can avail the benefits associated with care management Plus Program as detailed below

1. Health Care Professional

All insured persons shall be assigned a dedicated Health Care Professional who will act as a first point of contact for any service need. The Health Care professional will be a certified nutritionist who will assist the Insured person(s) with a personalised diet depending on their health concerns. The Health Care Professional shall encourage and promote optimal health and assist on matters pertaining to fitness, diet and nutrition and wellbeing concerns faced by the insured persons. He/She will encourage two way communication, provide reminders on healthy habits and reassure the insured person in times of need.

The health care professional will also play a significant role in being the primary point of contact to the Insured Person. The Health Care professional will

- On-board the Insured Person on to our mobile application
- Educate the Insured Person on the pertinent features of our mobile application such as but not limited to availing Tele-consultations, utilising the preventive health check-up, conducting the mid-term assessment, educating about health assistance services, redemption of wellness points etc.
- Give care calls to the Insured Person to understand insured person's issues surrounding fitness, diet & nutrition and wellbeing issues if any and propose solutions for the same

2. Update to family members-

As a part of the enhanced wellness features, your family members will be regularly updated about your health and adherence to prescribed diet(as prescribed under the diet and nutrition e-consultation benefit under Care management program) via messaging platform(s) so that they can motivate and encourage and participate in your efforts to achieve your healthcare goals.

The above update shall be provided only on Your consent and after You provide us with contact details of family member who wishes to receive timely updates about your health and diet regime.

3. Out-patient consultations

We shall cover the Medical Expenses incurred during the Policy period for out-patient consultations from a General Medical Practitioner or Specialist Medical Practitioner or Super Specialist Medical practitioner or AYUSH medical practitioner in relation to any Illness contracted or Injury suffered by the Insured Person during the Policy period subject to the overall maximum number of 4 consultations in a Policy Year.

These services shall be provided through our Empanelled Health Service Provider subject to availability at the time of appointment.

This benefit shall also include e-consultation given by a General Medical Practitioner or Specialist or Super Specialist Medical Practitioner or AYUSH medical practitioner through a virtual mode of communication such as but not limited to chat, email, video, online portal, or mobile application.

Physiotherapy sessions shall be excluded from the scope of this benefit.

Counselling availed for psychiatric ailments or mental health issues shall be excluded from the scope of this benefit but it shall be covered in E-Counseling (section d. Base Cover. 18.4) as per the section d. Benefits covered under the policy.

4. Routine Diagnostics and Minor Procedure cover

We shall cover medical expenses incurred for outpatient diagnostic tests recommended by Medical Practitioner under our cashless network available in the mobile application in relation to any Illness contracted or Injury suffered by the Insured Person during the Policy Period and for listed minor procedures undergone at a general practitioner or specialist / super-specialist medical practitioner by the Insured Person during the Policy period maximum up ₹ 2,000.

These services shall be provided through our Empanelled Health Service Provider subject to availability at the time of appointment. The diagnostic tests shall include but will not be limited to histopathology, biochemistry, hematology, immunology, microbiology, serology, pathology, radiology, ultrasound and TMT. Genetic studies shall be excluded from the scope of this cover.

We may even arrange for diagnostic tests to be carried out at the location of the Insured Person provided such location is within the geographical reach of the Health Service Provider on the date of the request. This service shall be subject to availability of Our empanelled Health Service provider.

List of Minor Procedures covered under this benefit #

Sr. No.	Procedure
1	Drainage of abscess
2	Injection including Intramuscular (Per Injection cost)
3	Intravenous injection(IV)
4	Sprain Management (Joint movement/ exercise)
5	Otoscopic examination (Magnifying otoscopy)
6	Nasal packing for control of haemorrhage
7	Nebulizer therapy
8	Removal of foreign body

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List of Minor Procedures covered under this benefit #

Sr. No.	Procedure
9	Suturing (Staple under LA)
10	Removal of suture
11	Stabilization of joint
12	Syringing ear to remove wax
13	Application or removal of plaster cast
14	Laryngoscopy
15	Minor wound management

*this includes only the cost of administration. The actual cost of consumables shall be covered under the pharmacy cover. However, the said cost will have to be borne by the insured person in case the annual sum insured under the pharmacy cover has been exhausted or is out of scope of the Pharmacy cover or in case the consumable is a non-payable item.

5. Pharmacy cover

We shall cover medical expenses incurred on purchase of medicines, drugs, and medical consumables, as prescribed by a Medical Practitioner under our cashless network available in the mobile application for any Illness contracted or Injury suffered by the Insured Person during the Policy Period, maximum up to ₹ 2,000 through our Empanelled Health Service Provider subject to availability on the date of the request.

Health supplements, Nutraceuticals, foods for special dietary use, foods for special medical purpose, foods with added probiotics and/or foods with added prebiotics, vaccinations, vitamins, tonics or other related products are excluded from the scope of this cover.

6. Nursing at Home

We shall cover the expenses incurred by You, up to ₹ 2,000 for each day up to a maximum of 15 days post Hospitalization for the medical services of a Qualified Nurse at Your residence, provided that the nurse is employed in a Hospital and the engagement of such Qualified Nurse is certified as necessary by a Medical Practitioner and related directly to any Illness or Injury, covered under the Policy. The payment under this cover is subject to admissibility of Your In-patient treatment Claim under the Policy.

d. Exclusions

We will not be liable for any Voluntary Deductible amount, if applicable and as specifically defined in the Policy Schedule under the Policy.

We will not be liable to make any payment under this Policy in connection with or in respect of any expenses whatsoever incurred in connection with or in respect of:

i. Standard exclusions (Exclusions for which standard wordings are specified by IRDAI)

1. **Code- Excl01:** Pre-Existing Diseases
 - a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with insurer.
 - b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
 - c. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
 - d. Coverage under the policy after the expiry of 24 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

2. Code- Excl02: Specified disease/procedure waiting period

- a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
- b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c. If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
- d. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

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f. List of specific Illness and Surgical Procedures as mention below:

Sr. No.	Organ /Organ System	Illness/ diagnosis (irrespective of treatments medical or surgical)	Surgeries/ Procedures (irrespective of any illness or diagnosis other than cancers)
1	ENT	Deviated Nasal Septum	Septoplasty
		CSOM-Chronic Suppurative Otitis Media	Mastoidectomy Tympanoplasty, Myringotomy & Myringoplasty Any treatment for conditions related to tonsils, adenoids, sinuses, Turbinates/concha
2	Gynaecological	Fibroids (fibromyoma)	Dilatation and curettage (D&C)
		Endometriosis, Cervicitis	Myomectomy
		Uterine Prolapse	Hysterectomy (unless due to malignancy)
		Dysfunctional uterine bleeding	
		Polycystic Ovarian Syndrome (PCOS)	
3	Orthopaedic	Arthritis	Surgeries for joint replacements
		Gout and Rheumatism	Repairs/ reconstruction of ligaments/ meniscus/ tendons
		Spinal and Vertebral Disorders including diagnosis as low back ache	
		Arthroscopy	Spinal & Vertebral Surgeries
4	Gastrointestinal	Stones in gall bladder & Biliary System, cholecystitis, acalculous cholecystitis	Cholecystectomy, Procedures for biliary stones
		Fissure/fistula in anus, hemorrhoids, pilonidal sinus	Endoscopy
		Esophageal Varices & Gastric Varices	Procedures for Esophageal Varices & Gastric Varices
		All types Hernia	
		Gastrointestinal ulcers including Gastritis & Duodenitis/ Erosions of gastrointestinal tract	Endoscopy
		All forms of Liver cirrhosis	
5	Uro-genital	Stones in Urinary system	Surgeries and procedures related to Stones in Urinary system Prostatic Surgeries
		Benign Hyperplasia of prostate	
		Chronic Renal Failure or end stage Renal Failure or chronic kidney disease including dialysis	Dialysis but not limited to haemodialysis & peritoneal dialysis
		Hydrocele, varicocele/ rectocele/ Spermatocele	
6	Eye	Cataract	
		Retinal detachment	
		Glaucoma	
		Usage of intra vitreal injections including but not limited to avastin & lucentis	

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f. List of specific Illness and Surgical Procedures as mention below: (Contd.)

Sr. No.	Organ /Organ System	Illness/ diagnosis (irrespective of treatments medical or surgical)	Surgeries/ Procedures (irrespective of any illness or diagnosis other than cancers)
7	Other General conditions (Applicable to all organ systems/ organs/ disciplines whether or not described above)	All internal/external tumors, cysts, nodules, polyps, sinus, fistula	
		Varicose veins & Varicose ulcers	
		Parkinson's disease/Alzheimer's disease	

3. a. Expenses related to the treatment of the below mentioned illness within 90 days from the first policy commencement date shall be excluded unless they are pre-existing and disclosed at the time of underwriting
- i. Hypertension
 - ii. Diabetes
 - iii. Cardiac Conditions
- b. This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months.
- c. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.
4. Code- Excl03: 30-day waiting period
- a. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
 - b. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
 - c. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently
- Unless covered by way of an appropriate extensions / optional covers, We shall not be liable to make any payment under this Policy in connection with or in respect of
5. Permanent Exclusions
- i. Code- Excl04: Investigation & Evaluation
 - a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
 - b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
 - ii. Code - Excl05: Exclusion Name: Rest Cure, rehabilitation and respite care-
- Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
- a. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs
 - iii. Code- Excl06: Obesity/ Weight Control
 - Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
 - 1. Surgery to be conducted is upon the advice of the Doctor
 - 2. The surgery/Procedure conducted should be supported by clinical protocols
 - 3. The member has to be 18 years of age or older and
 - 4. Body Mass Index (BMI);
 - a. greater than or equal to 40 or
 - b. greater than or equal to 35 in conjunction with any of the following severe comorbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnea
 - iv. Uncontrolled Type2 Diabetes
 - iv. Code- Excl07: Change of Gender treatments
 - Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
 - v. Code- Excl08: Cosmetic or plastic Surgery
 - Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or

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- Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
- vi. **Code- Excl09: Hazardous or Adventure sports**
Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, paragliding, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
- vii. **Code- Excl10: Breach of law**
Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
- viii. **Code- Excl11: Excluded Providers**
Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website/notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim
- ix. **Code- Excl12: Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.**
- x. **Code- Excl13: Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons.**
- xi. **Code- Excl14: Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure.**
- xii. **Code- Excl15: Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres**
- xiii. **Code- Excl16: Unproven Treatments:** Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
- xiv. **Code- Excl17: Sterility and Infertility:** Expenses related to sterility and infertility. This includes:
- Any type of contraception, sterilization
 - Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - Gestational Surrogacy
 - Reversal of sterilization
- xv. **Code- Excl18: Maternity:** Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period
- ii. **Specific exclusions (Exclusions other than those mentioned under e.i. above)**
- Any ailment/ illness/ injury/ condition or treatment or service that is specifically excluded in the Policy Schedule under Special Conditions
 - Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, instruments used in treatment of sleep apnoea syndrome or cost of cochlear implant(s) unless necessitated by an Accident or required intra-operatively.
 - Multifocal Lens and ambulatory devices such as walkers, crutches, splints, stockings of any kind and also any medical equipment which is subsequently used at home.
 - Expenses incurred on dental treatment unless necessitated due to an Accident
 - Personal comfort, cosmetics, convenience and hygiene related items and services
 - Acupressure, acupuncture, magnetic and other therapies
 - Circumcision unless necessary for treatment of an Illness or necessitated due to an Accident.
 - Expenses for venereal disease or any sexually transmitted disease (except HIV/AIDS)
 - Any Treatment or medical services taken outside the geographical boundaries of India.
 - Any expenses incurred on out-patient (OPD) treatment. (This exclusion shall not be applicable in case care management plus program has been opted for by payment of additional premium)
 - Intentional self-injury (whether arising from an attempt to commit suicide or otherwise)
 - Any injury or illness caused by or arising from or attributed to war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, military or usurped power or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority
 - Any Illness or Injury caused by or contributed to by nuclear weapons/materials or contributed to by or arising from ionising radiation or contamination by radioactivity by any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel

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19. Treatment for any condition / illness which requires hormone replacement therapy.
20. Artificial life maintenance for the Insured Person who has been declared brain dead or in vegetative state as demonstrated by:
 - a. Deep coma and unresponsiveness to all forms of stimulation; or
 - b. Absent pupillary light reaction; or
 - c. Absent oculo-vestibular and corneal reflexes; or
 - d. Complete apnea.

e. General Terms and Clauses

- i. Standard General Terms and Clauses (General Terms and clauses whose wordings are specified by IRDAI)

1. Disclosure of Information

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 by the policyholder

(Explanation: "Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk)

2. Condition Precedent to Admission of Liability

The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy.

3. Claim Settlement (provision for Penal Interest)

- I. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- II. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- III. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- IV. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

(Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due)

4. Complete Discharge

Any payment to the policyholder, insured person or his/ her nominees or his/ her legal representative or assignee or to the hospital as the case may be, for any benefit under the Policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim

5. Multiple Policies

- i. In case of multiple policies taken by an insured person during a period from one or more insurers to indemnify treatment costs, the insured person 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 chosen by the insured person 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.
- ii. Insured Person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy/ policies, even if the sum insured is not exhausted. Then the Insurer shall independently settle the claim subject to the terms and conditions of this policy.
- iii. If the amount to be claimed exceeds the sum insured under a single policy, the insured person shall have the right to choose insurers from whom he/she wants to claim the balance amount.
- iv. Where an insured person has policies from more than one insurer to cover the same risk on indemnity basis, the insured person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

6. Fraud

If any claim made by the insured person, 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 person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s) / policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

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For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance Policy:-

- a) the suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;
- b) the active concealment of a fact by the Insured Person having knowledge or belief of the fact;
- c) any other act fitted to deceive; and
- d) any such act or omission as the law specially declares to be fraudulent

The company shall not repudiate the claim and / or forfeit the policy benefits on the ground of fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer.

7. Cancellation

- a) The policyholder may cancel this Policy by giving 15 days' written notice, and in such an event, the Company shall refund premium for the unexpired Policy Period as detailed below.

Cancellation Period	Refund % for 1 year tenure policy	Refund % for 2 years tenure policy	Refund % for 3 years tenure policy
From 16 days to 1 month	75%	80%	80%
From 1 month to 3 months	60%	70%	75%
From 3 months to 6 months	40%	60%	70%
From 6 months to 9 months	20%	50%	60%
From 9 months to 12 months	0%	40%	55%
From 12 months to 15 months	-	30%	45%
From 15 months to 18 months	-	20%	40%
From 18 months to 21 months	-	10%	35%
From 21 months to 24 months	-	0%	25%
From 24 months to 27 months	-	-	20%
From 27 months to 30 months	-	-	10%
From 30 months to 33 months	-	-	5%
From 33 months to 36 months	-	-	0%

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured person under the Policy.

- b) The Company may cancel the Policy at any time on grounds of mis-representation, non-disclosure of material facts, fraud by the Insured Person, by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of mis-representation, non-disclosure of material facts or fraud.

8. Migration:

The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/ plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

For Detailed Guidelines on migration, kindly refer the link https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987

9. Portability

The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on portability, kindly refer the link https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987

10. Renewal of Policy

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person

- i. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
- iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
- v. No loading shall apply on renewals based on individual claims experience.

11. Withdrawal of Policy

- i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.

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- ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

12. Moratorium Period

After completion of eight continuous years under this policy no look back would be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sum insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract

13. Premium Payment in Instalments (Wherever applicable)

If the insured person has opted for Payment of Premium on an instalment basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in the policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)

- i. Grace Period of 15 days would be given to pay the instalment premium due for the policy.
- ii. During such grace period, coverage will not be available from the due date of instalment premium till the date of receipt of premium by Company.
- iii. The insured person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period.
- iv. No interest will be charged If the instalment premium is not paid on due date.
- v. In case of instalment premium due not received within the grace period, the policy will get cancelled.
- vi. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
- vii. The company has the right to recover and deduct all the pending instalments from the claim amount due under the policy.

14. Possibility of Revision of Terms of the Policy Including the Premium Rates

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.

15. Free look period

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

The insured person shall be allowed free look period of fifteen days from date of receipt of the Policy documents to review the terms and conditions of the Policy, and to return the same if not acceptable.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

- a) a refund of the premium paid less any expenses incurred by the company on medical examination of the insured person and the stamp duty charges; or
- b) where the risk has already commenced and the option of return of the Policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
- c) where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

16. Redressal of Grievances

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

Website : www.icilombard.com

Toll Free: 1800 2666

E-Mail : customersupport@icilombard.com

Courier : **ICICI Lombard General Insurance Company Ltd.**

ICICI Lombard House,
414, Veer Savarkar Marg,
Near Siddhi Vinayak Temple,
Prabhadevi, Mumbai- 400025

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

If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at:

Manager- Service Quality,
Corporate Manager- Service Quality,

National Manager- Operations &
finally Director-services and Business development at the following address:

ICICI Lombard General Insurance Company Limited,
ICICI Lombard House,
414, Veer Savarkar Marg,
Near Siddhi Vinayak Temple,
Prabhadevi, Mumbai - 400 025.

For updated details of grievance officer, kindly refer the link
<https://www.icilombard.com/grievance-redressal>

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

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may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017. Grievance may also be lodged at IRDAI Integrated Grievance Management System <https://igms.irda.gov.in/>

17. Nomination:

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

ii. Specific terms and clauses (terms and other clauses other than those mentioned above under f. I. above)

18. Zone based Premium

This Policy only covers medical treatment taken within India arising during the Policy Period. All payments under this Policy will only be made in Indian Rupees within India.

The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian law.

For the purpose of Policy issuance, the premium will be computed basis the zone chosen by the Insured Person in the proposal form. The premium that would be applicable zone wise and the cities defined in each zone are as under:

- Zone A- NCR*, Mumbai, Thane District,, Navi Mumbai, Gujarat, Kolkata
- Zone B- Hyderabad, Secunderabad, Chhattisgarh, Madhya Pradesh, Daman & Diu, Dadar & Nagar Haveli, Goa, Maharashtra (excluding Mumbai, Thane District, Navi Mumbai)
- Zone C- Rest of India

NCR* includes Includes Delhi and the following districts: Faridabad, Gurgaon/Gurugram, Mewat, Rohtak, Sonipat, Panipat, Jhajjhar, Palwal, Karnal, Ghaziabad, Noida/Gautam Budh Nagar, Bulandshahr, Baghpat, Hapur, Shamli, Muzaffarnagar

Additional zone based Co-Payment would be levied on each and every claim (over and above the base co-payment opted by the Insured person) in case medically necessary treatment has been taken in a zone higher (Zone A being the highest followed by Zone B and then Zone C) than the zone for which premium has been paid on issuance of the policy. Zone

based co-payment shall not be applicable in case of medically necessary treatment taken for road traffic accidents.

The additional zone based co-payment that will be levied will be as per tables mentioned below

Additional zone based Co-Payment Grid			
Treatment taken in Zone	Zone opted at policy issuance		
	A	B	C
A	0%	15.0%	25.0%
B	Nil additional co-payment	0%	12.0%
C	Nil additional co-payment	Nil additional co-payment	0%

Please refer to the claim illustrations as detailed in g. other terms and conditions 1. Claim Administration for further understanding

19. Conditional Underwriting

Risk based loading:

We may apply a risk loading on the premium payable (based on the declarations made in the proposal form and the health status of the persons proposed for insurance) at the Commencement Date or on any renewal of the Policy with Us or on the receipt of a request for enhancing the Annual Sum Insured. The maximum risk loading applicable for an individual will not exceed 100% per diagnosis / medical condition and an overall risk loading of 200% per individual.

We will send You the applicable risk loading in writing via a counter offer letter. You shall give Us Your consent and the additional premium (if any), within 15 days of the issuance of Our Counter offer letter.

If You neither accept Our letter nor revert to Us within 15 days, We will cancel Your application and refund the premium paid within the next 7 days.

20. Material Change

The Insured shall notify the Company in writing of any material change in the risk in relation to the declaration made in the proposal form or medical examination report at each Renewal and the Company may, adjust the scope of cover and/or premium, if necessary, accordingly.

21. Records to be Maintained

The Insured Person shall keep an accurate record containing all relevant medical records and shall allow the Company or its representatives to inspect such records. The Proposer or Insured Person shall furnish such information as the Company may require for settlement of any claim under the Policy, within reasonable time limit and within the time limit specified in the Policy.

22. Notice & Communication

- i. Any notice, direction, instruction or any other communication related to the Policy should be made in writing.

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- ii. Such communication shall be sent to the address of the Company or through any other electronic modes specified in the Policy Schedule.
- iii. The Company shall communicate to the Insured at the address or through any other electronic mode mentioned in the schedule.

23. Territorial Limit

All medical treatment for the purpose of this insurance will have to be taken in India only.

24. Automatic change in Coverage under the policy

The coverage for the Insured Person(s) shall automatically terminate:

i. In the case of his/her (Insured Person) demise.

However the cover shall continue for the remaining Insured Persons till the end of Policy Period. The other insured persons may also apply to renew the policy. In case, the other insured person is minor, the policy shall be renewed only through any one of his/her natural guardian or guardian appointed by court. All relevant particulars in respect of such person (including his/her relationship with the insured person) must be submitted to the company along with the application. Provided no claim has been made, and termination takes place on account of death of the insured person, pro-rata refund of premium of the deceased insured person for the balance period of the policy will be effective.

ii. Upon exhaustion of sum insured and additional sum insured (if any), for the policy year. However, the policy is subject to renewal on the due date as per the applicable terms and conditions.

25. Territorial Jurisdiction

All disputes or differences under or in relation to the interpretation of the terms, conditions, validity, construct, limitations and/or exclusions contained in the Policy shall be determined by the Indian court and according to Indian law.

26. Arbitration

- i. If any dispute or difference shall arise as to the quantum to be paid by the 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 here to or if they cannot agree upon a single arbitrator within thirty days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising 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, as amended by Arbitration and Conciliation (Amendment) Act, 2015 (No. 3 of 2016).

- ii. It is clearly agreed and understood that no difference or dispute shall be preferable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of the policy, iii. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon the policy that award by such arbitrator / arbitrators of the amount of expenses shall be first obtained.

27. Policy alignment

Policy Alignment option will be available in cases wherein insured(s) with two separate health indemnity policies with Us, having different policy end dates but want to align the policy start dates. We can align the policies by extending the coverage of one policy till the end date of the other policy.

Such policies will be charged with premium on pro rata basis though the sum insured under the policy shall remain constant.

28. Endorsements (Changes in Policy)

- i. This policy constitutes the complete contract of insurance. This Policy cannot be modified by anyone (including an insurance agent or broker) except the company. Any change made by the company shall be evidenced by a written endorsement signed and stamped.
- ii. The proposer may be changed only at the time of renewal. The new proposer must be the legal heir/immediate family member. Such change would be subject to acceptance by the company and payment of premium (if any). The renewed Policy shall be treated as having been renewed without break.
- iii. The proposer may be changed during the Policy Period only in case of his/her demise or him/her moving out of India.
- iv. Mid- term endorsement of addition of members in the policy shall not be permitted

29. Change of Sum Insured

Sum insured can be changed (increased/ decreased) only at the time of renewal subject to underwriting by the Company. For any increase in SI, the waiting period shall start afresh only for the enhanced portion of the sum insured.

30. Non Payables

Below are the non-payable items applicable in the policy. The list may be updated as per the direction of Authority, for updated list please visit our website: www.icicilombard.com

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List of Non Payable Items as per IRDAI

Sr. No.	Items
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL/INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	Television Charges
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG/SHORT/HINGED)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT

List of Non Payable Items as per IRDAI (Contd.)

Sr. No.	Items
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE Tablets
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	RECOVERY KIT, ETC]ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT,
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY

f. Other Terms and Conditions

1. Claim Administration

The fulfilment of the terms and conditions of this Policy (including payment of premium by the due dates mentioned in the Policy Schedule) insofar as they relate to anything to be done or complied with by each of You shall be conditions precedent to admission of Our liability. You are requested to go through our list of de-listed/excluded providers which is available on our website. As the list is dynamic, please refer to the latest list.

The claim pay-out would be adjudicated in following sequence:

- i. If a room/ICU accommodation has been opted for where the room rent or category is higher than the eligible limit as applicable for the Insured Person, then the associated medical expenses payable shall be pro-rated as per applicable limits.
- ii. Associated medical expenses means those expenses as listed below which vary in accordance with the room rent or room category or ICU Charges in a hospital:
 - a. Room, boarding, nursing and operation theatre expenses as charged by the Hospital where the insured person availed treatment
 - b. Intensive care unit (ICU) Charges

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- c. Fees charged by surgeon, anesthetist, medical practitioner
- d. Investigation expenses
- iii. Zone based co-payment shall be applicable in all cases (Except medically necessary treatment for road traffic accidents) where treatment is taken in a zone higher than for which premium was paid for
- iv. The voluntary deductible shall be applied to aggregate of all claims that are either paid or payable (not excluded) under this policy. Our liability to make payment shall commence only once the aggregate amount of all claims payable or paid exceed the voluntary deductible. Base Co-payment shall not be applied incase voluntary deductible has been opted for.
- v. Base Co-payment shall be applicable on the amount payable by Us and our liability to make payment shall than be arrived at.
- vi. In case, the claim is for a Procedure/Medical Condition/Ailment/Disease which is subject to sub-limits as per policy terms and conditions, the claim will be settled to the extent of amount which is lesser of the three amounts – i.e. claimed amount or maximum amount as per sub-limits applicable or ICICI Lombard Liability after deduction of base co-payment/voluntary deductible.

Illustrations for claim settlement

Illustration 1 - Insured Person opted for base co-payment

Heading	Particulars	Scenario 1	Scenario 2	Scenario 3
A.	Annual Sum Insured	₹ 10,00,000	₹ 10,00,000	₹ 10,00,000
B.	Base Co-payment opted at time of policy issuance	20%	20%	20%
	Zone opted	B (Goa)	B (Goa)	B (Goa)
	Hospitalization Diagnosis	Heart Attack/ PTCA done/ Cardiovascular disease	Heart Attack/ PTCA done/ Cardiovascular disease	Heart Attack/ PTCA done/ Cardiovascular disease
	Treatment taken in	Goa (Zone B)	Mumbai (Zone A)	Guwahati (Zone C)
C.	Hospitalisation expenses Amount	₹ 4,00,000	₹ 5,00,000	₹ 3,00,000
D.	Pre and Post hospitalisation expenses	₹ 35,000	₹ 50,000	₹ 20,000
E.	Total claimed Expenses*[C+D]	₹ 4,35,000	₹ 5,50,000	₹ 3,20,000
F.	Zone based co-payment	0%	15%	0%
G.	Claimed amount after application of zone based co-payment [E*F]	₹ 4,35,000	₹ 4,67,500	₹ 3,20,000
H.	Sub-limit for cardiovascular diseases	₹ 3,50,000	₹ 3,50,000	₹ 3,50,000
I.	Insured Person liability after application of base co-payment [G*B]	₹ 87,000	₹ 93,500	₹ 64,000
J.	ICICI Lombard Liability after deduction of co-payment [G-I]	₹ 3,48,000	₹ 3,74,000	₹ 2,56,000
K.	Final payable amount to Insured Person [lessor amount out of G, H, J]	₹ 3,48,000	₹ 3,50,000	₹ 2,56,000
L.	Balance Annual Sum Insured [A-K]	₹ 6,52,000	₹ 6,50,000	₹ 7,44,000

*It has been assumed that total claimed expenses are same as total payable expenses. i.e. there are no deductions in the claimed amount.

Illustration 2 - Insured person opted for voluntary deductible

Heading	Particulars	Scenario 1	Scenario 2	Scenario 3
A.	Annual Sum Insured	₹ 20,00,000	₹ 20,00,000	₹ 20,00,000
B.	Voluntary deductible opted at time of policy issuance	₹ 4,00,000	₹ 4,00,000	₹ 4,00,000
	Base Co-payment applicable	NA	NA	NA
	Zone opted	B (Goa)	B (Goa)	B (Goa)
	Hospitalization Diagnosis	Heart Attack/ PTCA done/ Cardiovascular disease	Heart Attack/ PTCA done/ Cardiovascular disease	Heart Attack/ PTCA done/ Cardiovascular disease
C.	Treatment taken in	Goa (Zone B)	Mumbai (Zone A)	Guwahati (Zone C)

Illustrations for claim settlement (Contd.)
Illustration 2 - Insured person opted for voluntary deductible (Contd.)

Heading	Particulars	Scenario 1	Scenario 2	Scenario 3
D.	Hospitalisation expenses Amount	₹ 4,00,000	₹ 5,00,000	₹ 3,00,000
E.	Pre and Post hospitalisation expenses	₹ 35,000	₹ 50,000	₹ 20,000
F.	Total claimed Expenses*[D+E]	₹ 4,35,000	₹ 5,50,000	₹ 3,20,000
G.	Zone based co-payment	0%	15%	0%
H.	Claimed amount after application of zone based co-payment [F*G]	₹ 4,35,000	₹ 4,67,500	₹ 3,20,000
I.	IL Liability after application of voluntary deductible [H-B]	₹ 35,000	₹ 67,500	NA as expenses have not crossed voluntary deductible amount
J.	Sub-limit for cardiovascular diseases	₹ 3,50,000	₹ 3,50,000	₹ 3,50,000
K.	Final payable amount to Insured Person [lesser amount out of I,J]	₹ 35,000	₹ 67,500	-
L.	Balance Annual Sum Insured [A-K]	₹ 19,65,000	₹ 19,32,500	₹ 20,00,000

*It has been assumed that total claimed expenses are same as total payable expenses. i.e. there are no deductions in the claimed amount.

The claim amount assessed above would be deducted from the following amounts in the following progressive order:

1. Annual Sum Insured
2. Additional Sum Insured/Cumulative Bonus (if accrued and available)
3. Reset Sum Insured (If applicable)

Further, upon the discovery or happening of any illness or injury that may give rise to a Claim under this Policy, then as a condition precedent to the admission of Our liability, You shall undertake the following:

1.1 Claims Procedure

A. For Cashless Settlement

Cashless treatment is only available at a Network Provider (List of Network Providers is available at our website). In order to avail of cashless treatment, the following procedure must be followed by You:

Pre-authorization

Prior to taking treatment and/ or incurring Medical Expenses at a Network Provider, You must contact Us or Our in house claim processing team accompanied with full particulars namely, Policy Number, Your name, Your relationship with Policy Holder, nature of illness or injury, name and address of the Medical Practitioner/ Hospital and any other information that may be relevant to the illness/ injury/ hospitalisation. You must request preauthorization at least 48 hours before a planned hospitalization and in case of an emergency situation, within 24 hours of hospitalization. To avail of Cashless Hospitalization facility, you are required to produce the health card, as provided to You with this Policy, subject to the terms and conditions for the usage of the said health card Or You can seek pre

authorization by providing Your Policy number and ID proof to the hospital who can co-ordinate with Our claim team to provide cashless facility. We will consider Your request after having obtained accurate and complete information for the illness or injury for which cashless Hospitalization facility is sought by You and We will confirm Your request in writing.

B. For Reimbursement Settlement

- i. You shall give notice to Us or Our in house claim processing team by calling the toll free number 1800 2666 or emailing us at customersupport@icilombard.com specified in the Policy provided to You and also in writing at Our address with particulars as below:

- ❖ Policy number;
- ❖ Your Name;
- ❖ Your relationship with the Policyholder;
- ❖ Nature of illness or injury;
- ❖ Name and address of the attending Medical Practitioner and the Hospital;
- ❖ Any other information that may be relevant to the illness/ injury/ hospitalisation

The above information needs to be provided to Us or Our in house claim processing team immediately and in any event within 10 days of hospitalization, failing which We will have the right to treat the Claim as inadmissible, as We may deem fit at Our sole discretion.

- ii. You must immediately consult a Medical Practitioner and follow the advice and treatment that he recommends.

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You or someone claiming on Your behalf must promptly and in any event within 30 days of Your discharge from a Hospital (for post-hospitalization expenses, within 30 days from the completion of post-hospitalization period) deliver to Us the documentation (written details of the quantum of any Claim along with all original supporting documentation) as more particularly listed in Claim documents section. In case there is a delay beyond 30 days in submission of claim documents, we may condone the delay provided the insured person submits a valid reason justifying the delay to us in writing. However, in both the above cases i.e. g.1.1.1(A) & (B), You must take reasonable steps or measure to minimise the quantum of any Claim that may be covered under the Policy If so requested by Us or Our in house claim processing team, You will have to undergo a medical examination from Our nominated Medical Practitioner, as and when We or Our in house claim processing team considers reasonable and necessary. The cost of such examination will be borne by Us.

Claim falling in two Policy periods

If the claim event falls within two Policy periods, the claims shall be paid taking into consideration the available Sum Insured in the two Policy periods, including the Deductions 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/due date of premium of health insurance Policy, if not received earlier.

1.2 CLAIM DOCUMENTS

You shall be required to furnish the following documents for or in support of a Claim:

- i. Duly completed Claim form signed by You and the Medical Practitioner. The claim form can be downloaded from our website www.icicilombard.com.
- ii. Original bills, receipts and discharge certificate/ card from the Hospital/ Medical Practitioner.
- iii. Original bills from chemists supported by proper prescription.
- iv. Original investigation test reports and payment receipts.
- v. Indoor case papers
- vi. Medical Practitioner's referral letter advising Hospitalization in non-Accident cases.
- vii. Any other document as required by Us or Our TPA to investigate the Claim or Our obligation to make payment for it

1.3 Claim Service Guarantee

We provide You Claim Service Guarantee as follows

- A. **For Reimbursement Claims:** We shall make the payment of admissible claim (as per terms & conditions

of Policy) OR communicate non admissibility of claim within 14 days after You submit complete set of documents & information in respect of the claims. In case We fail to make the payment of admissible claims or to communicate non admissibility of claim within the time period, We shall pay 2% interest over and above the rate defined as per IRDAI (Protection of Policyholder's interest) Regulation 2017.

- B. **For Cashless Claims:** If You notify pre authorization request for cashless facility through any of Our empanelled network hospitals along with complete set of documents & information, We will respond within 4 hours of the actual receipt of such pre authorization request with:

- a. Approval, or
- b. Rejection, or
- c. Query seeking further information

In case the request is for enhancement, i.e. Request for increase in the amount already authorized, We will respond to it within 3 hours.

In case of delay in response by Us beyond the time period as stated above for cashless claims, We shall be liable to pay ₹ 1,000 to You. Our maximum liability in respect of a single hospitalization shall, at no time exceed ₹ 1,000. We will not be liable to make any payments under this Claim Service Guarantee in case of any force majeure, natural event or manmade disturbance which impedes Our inability to make a decision or to communicate such decisions to You.

The service guarantee shall not be applicable for any cases delayed on account of reasonable apprehension of fraud or fraudulent claims or cases referred to/by any adjudicative forum for necessary disposal.

You may lodge claim separately for the hospitalization claim, Pre-Post hospitalization. In such scenario, if delay happens beyond the time period as specified above, the interest amount calculated will be on the net sanctioned amount of respective transaction and not the total amount paid for the entire claim.

Any amount paid towards interest under Claim Service Guarantee will not affect the Annual Sum Insured as specified in the Schedule.

If you are not eligible for 'Claim Service Guarantee' for the reasons stated above, We will inform the same to You, within 14 days in case of A. For Reimbursement claims and within 4 hours in case of B. For Cashless claims above.

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Annexure A

Jurisdiction of Office Union Territory, District)	Office Details	Jurisdiction of Office Union Territory, District)	Office Details
AHMEDABAD - Shri Kuldip Singh 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@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.	JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi - II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan.
BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No.57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru - 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka.	ERNAKULAM - Ms. Poonam Bodra 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@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
BHOPAL 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@cioins.co.in	Madhya Pradesh Chattisgarh.	KOLKATA - Shri P. K. Rath 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@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar - 751 009. Tel.: 0674 - 2596461 / 2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in	Orissa.	LUCKNOW - Shri Justice Anil Kumar Srivastava 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@cioins.co.in	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahrach, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17-D, Chandigarh - 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.	MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
CHENNAI 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@cioins.co.in	Tamil Nadu, Tamil Nadu Puducherry Town and Karaikal (which are part of Puducherry).		
DELHI - Shri Sudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in	Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.		
GUWAHATI Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over Bridge, S. S. Road, Guwahati - 781001 (ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.		
HYDERABAD 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 - 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.		

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Annexure A (Contd.)

Jurisdiction of Office Union Territory, District)	Office Details	Jurisdiction of Office Union Territory, District)	Office Details
NOIDA - Shri Chandra Shekhar Prasad Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.	PATNA - Shri N. K. Singh Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand.
		PUNE - Shri Vinay Sah 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@cioins.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.



ICICI Lombard General Insurance Company Limited

Mailing Address : 601 & 602, 6th Floor, Interface 16, New Linking Road, Malad (West), Mumbai - 400 064.

Corporate Office : ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400 025.

Visit us at www.icilombard.com • Mail us at customersupport@icilombard.com • Toll Free No.: 1800 2666 (Toll Free also accessible from your mobile)
Insurance is the subject matter of solicitation. IRDA Reg. No. 115 UIN: ICIHLIP22012V012223

Arogya Sanjeevani Policy - National

1. PREAMBLE

This Policy is a contract of insurance issued by **National Insurance Co. Ltd.** (hereinafter called the ‘Company’) to the Proposer mentioned in the Schedule (hereinafter called the ‘Insured’) to cover the person(s) named in the schedule (hereinafter called the ‘Insured Persons’). The Policy is based on the statements and declaration provided in the Proposal Form by the Proposer and is subject to receipt of the requisite premium.

2. OPERATIVE CLAUSE

If during the Policy Period one or more Insured Person (s) is required to be hospitalized for treatment of an Illness or Injury at a Hospital/ Day Care Center, following Medical Advice of a duly qualified Medical Practitioner, the Company shall indemnify Medically Necessary, expenses towards the Coverage mentioned hereunder.

Provided further that, any amount payable under the Policy shall be subject to the terms of coverage (including any co-pay, sub limits), exclusions, conditions and definitions contained herein. Maximum liability of the Company under all such Claims during each Policy Period shall be the Sum Insured (Individual or Floater) opted and Cumulative Bonus (if any) specified in the Schedule.

3. DEFINITIONS

The terms defined below and at other junctures in the Policy have the meanings ascribed to them wherever they appear in this Policy and, where , the context so requires, references to the singular include references to the plural; references to the male includes the female and references to any statutory enactment includes subsequent changes to the same.

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

3.2. Age / Aged means completed years of the Insured person on last birthday as on date of commencement of the Policy.

3.3. AIDS means Acquired Immune Deficiency Syndrome, a condition characterised by a combination of signs and symptoms, caused by Human Immunodeficiency Virus (HIV), which attacks and weakens the body’s immune system making the HIV-positive person susceptible to life threatening conditions or other conditions, as may be specified from time to time.

3.4. Any One Illness means continuous period of illness and it includes relapse within forty five days from the date of last consultation with the hospital where treatment has been taken.

3.5. AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable, and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion:

- i. Having qualified registered AYUSH Medical Practitioner(s) in charge;
- ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
- iii. Maintaining daily records of the patients and making them accessible to the insurance company’s authorized representative.

3.6. AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

- a. Central or State Government AYUSH Hospital or
- b. Teaching hospital attached to AYUSH College recognized by the Central Government/ Central Council of Indian Medicine/ Central Council for Homeopathy; or
- c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
 - i. Having at least 5 in-patient beds;
 - ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
 - iii. Having dedicated AYUSH therapy sections as required;
 - iv. Maintaining daily records of the patients and making them accessible to the insurance company’s authorized representative;

3.7. AYUSH Treatment refers to the medical and/ or Hospitalisation treatments given under Ayurveda, Yoga and Naturopathy, Unani, Sidha and Homeopathy systems.

3.8. Break in policy means the period of gap that occurs at the end of the existing Policy Period / Instalment Premium due date, when the premium due for renewal on a given policy or instalment premium due is not paid on or before the premium renewal date or grace period.

3.9. Cashless Facility means a facility extended by the Company 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 or a Non Network Provider, to the extent pre-authorization approved.

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

3.11. Congenital Anomaly refers to a condition(s) 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.

3.12. Contract means Prospectus, Proposal, Policy and the policy schedule. Any alteration with the mutual consent of the insured person and the insurer can be made only by a duly signed and sealed endorsement on the Policy.

3.13. 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.

3.14. Cumulative Bonus means any increase or addition in the Sum Insured granted by the Company without an associated increase in premium.

3.15. Day Care Centre means any institution established for day care treatment of disease/ injuries or a medical setup 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 criteria as under:

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

3.16. Day Care Treatment means medical treatment, and/or surgical procedure which is:

- i. undertaken under general or local anesthesia in a hospital/day care centre in less than twenty four (24) hrs because of technological advancement, and
- ii. which would have otherwise required a hospitalisation of more than twenty four hours.

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

3.17. Dental Treatment means a treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery.

3.18. Diagnosis means diagnosis by a medical practitioner, supported by clinical, radiological, histological and laboratory evidence, acceptable to the Company.

3.19. Disclosure to information norm: 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.

3.20. 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.

3.21. Family means the Family that consists of the proposer and anyone or more of the family members as mentioned below:

- i. Legally wedded spouse.
- ii. Parents and Parents-in-law.
- iii. Dependent Children (i.e. natural or legally adopted) between the age 3 months to 25 years. If the child above 18 years of age is financially independent, he or she shall be ineligible for coverage in the subsequent renewals.

3.22. Grace Period means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to Waiting Periods and coverage of Pre-Existing Diseases. The Grace Period for payment of the premium shall be thirty days.

In case of Premium payment in instalments, if the due instalment premium is paid within Grace Period during the Policy Period, coverage shall be available during the Grace Period.

In case of Renewal, Coverage shall not be available during the period for which no premium is received.

3.23. Hospital means any institution established for in-patient care and day care treatment of disease/ 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 Schedule of Section 56(1) of the said Act, OR complies with all minimum criteria as under:

- i. has qualified nursing staff under its employment round the clock;
- ii. has at least ten (10) inpatient beds, in those towns having a population of less than ten lacs and fifteen inpatient beds in all other places;
- iii. has qualified medical practitioner (s) in charge round the clock;
- iv. has a fully equipped operation theatre of its own where surgical procedures are carried out
- v. maintains daily records of patients and shall make these accessible to the Company's authorized personnel.

3.24. Hospitalisation means admission in a hospital for a minimum period of twenty four (24) consecutive 'In-patient care' hours except for procedures/ treatments, where such admission could be for a period of less than twenty four (24) consecutive hours.

3.25. ID card means the card issued to the Insured person by the TPA for availing Cashless Facility.

3.26. Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the policy period and requires medical treatment.

- i. **Acute Condition** means 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.
- ii. **Chronic Condition** means 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 rehabilitation for the patient or for the patient to be specially trained to cope with it
 - d) it continues indefinitely
 - e) it recurs or is likely to recur

3.27. 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.

3.28. In-Patient Care means treatment for which the insured person has to stay in a hospital for more than twenty four (24) hours for a covered event.

3.29. Insured / Insured Person means person(s) named in the schedule of the Policy.

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

3.31. ICU (Intensive Care Unit) Charges means the amount charged by a Hospital towards ICU expenses on a per day basis which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

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

3.33. 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.

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

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

3.35. 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 the licence.

3.36. Migration means a facility provided to policyholders (including all members under family cover and members of group Health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one health insurance policy to another with the same insurer.

3.37. New Born Baby means baby born during the policy period and is aged upto 90 days.

3.38. Network Provider means Hospitals or Day Care Centers enlisted by the Company, TPA or jointly by the Company and TPA to provide medical services to an Insured Person by a Cashless Facility.

3.39. Non- Network Provider means any Hospital, Day Care Centre that is not part of the network.

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

3.41. Out-Patient (OPD) Treatment means treatment 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.

3.42. Pre Existing Disease means any condition, ailment, injury or disease

- a. That is/are diagnosed by a physician within 36 months prior to the effective date of the policy issued by the Company or
- b. For which medical advice or treatment was recommended by, or received from, a physician within 36 months prior to the effective date of the policy or its reinstatement.

3.43. Pre-hospitalisation Medical Expenses means medical expenses incurred during the period of 30 days preceding the hospitalisation of the Insured Person, provided that:

- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
- ii. The In-patient Hospitalisation claim for such Hospitalisation is admissible by the Insurance Company.

3.44. Post-hospitalisation Medical Expenses means medical expenses incurred during the period of 60 days immediately after the insured person is discharged from the hospital provided that:

- i. Such Medical Expenses are for the same condition for which the insured person's hospitalisation was required, and
- ii. The inpatient hospitalisation claim for such hospitalisation is admissible by the Insurance Company.

3.45. Policy means these Policy wordings, the Policy Schedule and any applicable endorsements or extensions attaching to or forming part thereof. The Policy contains details of the extent of cover available to the Insured person, what is excluded from the cover and the terms & conditions on which the Policy is issued to the Insured person

3.46. Policy Period means period of one year as mentioned in the schedule for which the Policy is issued.

3.47. Policy Schedule means the Policy Schedule attached to and forming part of Policy.

3.48. Portability means a facility provided to the policyholders (including all members under family cover), to transfer the credits gained for, Pre-Existing Diseases and Specific Waiting Periods from one insurer to another insurer.

3.49. 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.

3.50. 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.

3.51. Room Rent means the amount charged by a hospital towards Room and Boarding expenses and shall include the associated charges.

3.52. Sub-limit means a cost sharing requirement under a health insurance policy in which an insurer would not be liable to pay any amount in excess of the pre-defined limit.

3.53. Sum Insured means the pre-defined limit specified in the Policy Schedule. Sum Insured and Cumulative Bonus represents the maximum, total and cumulative liability for any and all claims made under the Policy, in respect of that Insured Person (on Individual basis) or all Insured Persons (on Floater basis) during the Policy Period.

3.54. 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 and prolongation of life, performed in a hospital or day care centre by a medical practitioner.

3.55. Third Party Administrator (TPA) means a Company registered with the Authority, and engaged by an insurer, for a fee or remuneration, by whatever name called and as may be mentioned in the agreement, for providing health services.

Note: If opted for TPA service, TPA details are mentioned in the Policy Schedule.

3.56. Waiting Period means a period from the inception of this Policy during which specified diseases/treatments are not covered.

On completion of the period, diseases/treatments shall be covered provided the Policy has been continuously renewed without any break.

4. COVERAGE

The covers listed below are in-built Policy benefits and shall be available to all Insured Persons in accordance with the procedures set out in this Policy.

4.1. Hospitalization

The Company shall indemnify Medical Expense incurred for Hospitalization of the Insured Person during the Policy Period, up to the Sum Insured and Cumulative Bonus specified in the Policy Schedule, for,

- i. Room Rent, Boarding, Nursing Expenses all inclusive as provided by the Hospital / Nursing Home up to 2% of the sum insured subject to maximum of Rs. 5,000/-per day
- ii. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses up to 5% of the sum insured subject to maximum of Rs. 10,000/- per day
- iii. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating doctor/ surgeon or to the hospital
- iv. Anesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities and such similar other expenses.

4.1.1. Other expenses

- i. Expenses incurred on treatment of cataract subject to the sub limits
- ii. Dental treatment, necessitated due to disease or injury
- iii. Plastic surgery necessitated due to disease or injury
- iv. All the day care treatments
- v. Expenses incurred on road Ambulance subject to a maximum of Rs 2,000 per hospitalization.

Note:

1. Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible. However, the time limit shall not apply in respect of Day Care Treatment.

2. In case of admission to a Room at rates exceeding the aforesaid limits, the reimbursement/payment of Associated Medical Expenses incurred at the Hospital, shall be effected in the same proportion as the admissible rate per day bears to the actual rate per day of Room Rent charges. Proportionate deduction shall not apply if admitted to ICU/ ICCU.

Associated Medical Expenses shall include all related expenses except the following expenses,

- a. Cost of pharmacy and consumables;
 - b. Cost of implants and medical devices
 - c. Cost of diagnostics
3. Sub limits as mentioned above, will not apply in case of treatment undergone as a package for a listed procedure in a Preferred Provider Network (PPN).
4. Listed procedures and Preferred Provider Network list are dynamic in nature, and will be updated in the Company's website from time to time

4.2. AYUSH Treatment

The Company shall indemnify Medical Expenses incurred for Inpatient Care treatment under Ayurveda, Yoga and Naturopathy, Unani, Sidha and Homeopathy systems of medicines during each Policy Period up to the limit of sum insured as specified in the policy schedule in any AYUSH Hospital.

4.3. Cataract Treatment

The Company shall indemnify medical expenses incurred for treatment of Cataract, subject to a limit of 25% of Sum Insured or INR 40,000 per eye, whichever is lower, per each eye in one Policy Period.

4.4. Pre Hospitalisation

The Company shall indemnify pre-hospitalization medical expenses incurred, related to an admissible hospitalization requiring Inpatient Care, for a fixed period of 30 days prior to the date of admissible Hospitalization covered under the Policy.

4.5. Post Hospitalisation

The Company shall indemnify post hospitalization medical expenses incurred, related to an admissible hospitalization requiring inpatient care, for a fixed period of 60 days from the date of discharge from the hospital, following an admissible hospitalization covered under the Policy.

4.6. Modern Treatment

The following procedures will be covered (wherever medically indicated) either as in patient or as part of day care treatment in a hospital subject to the limit of 50% of the Sum Insured for the related modern procedure/ component/ medicine of each Modern

Treatment during the Policy Period:

Modern Treatment	Coverage
UAE & HIFU	Limit is for Procedure cost only
Balloon Sinuplasty	Limit is for Balloon cost only
Deep Brain Stimulation	Limit is for implants including batteries only
Oral Chemotherapy	Only cost of medicines payable under this limit, other incidental charges like investigations and consultation charges not payable.
Immunotherapy	Limit is for cost of injections only.
Intravitreal injections	Limit is for complete treatment, including Pre & Post Hospitalization
Robotic Surgery	Limit is for robotic component only.
Stereotactic Radio surgeries	Limit is for radiation procedure.
Bronchial Thermoplasty	Limit is for complete treatment, including Pre & Post Hospitalization
Vaporization of the prostate	Limit is for LASER component only.
IONM	Limit is for IONM procedure only.
Stem cell therapy	Limit is for complete treatment, including Pre & Post Hospitalization

4.7. The expenses that are not covered in this policy are placed under List-I of Annexure-A. The list of expenses that are to be subsumed into room charges, or procedure charges or costs of treatment are placed under List-II, List-III and List-IV of Annexure-A respectively.

5. CUMULATIVE BONUS (CB)

Cumulative Bonus will be increased by 5% in respect of each claim free Policy Period (where no claims are reported and admitted), provided the policy is renewed with the company without a break subject to maximum of 50% of the sum insured under the current Policy Period.

If a claim is made in any particular year, the cumulative bonus accrued shall be reduced at the same rate at which it has accrued. However, sum insured will be maintained and will not be reduced in the Policy Period.

Notes:

- i. In case where the policy is on individual basis, the CB shall be added and available individually to the insured person if no claim has been reported. CB shall reduce only in case of claim from the same Insured Person.
- ii. In case where the policy is on floater basis, the CB shall be added and available to the family on floater basis, provided no claim has been reported from any member of the family. CB shall reduce in case of claim from any of the Insured Persons.
- iii. CB shall be available only if the Policy is renewed/ premium paid within the Grace Period.
- iv. If the Insured Persons in the expiring policy are covered on an individual basis as specified in the Policy Schedule and there is an accumulated CB for each Insured Person under the expiring policy, and such expiring policy has been Renewed on a floater policy basis as specified in the Policy Schedule then the CB to be carried forward for credit in such Renewed Policy shall be the one that is applicable to the lowest among all the Insured Persons
- v. In case of floater policies where Insured Persons Renew their expiring policy by splitting the Sum Insured in to two or more floater policies/individual policies or in cases where the policy is split due to the child attaining the age of 25 years, the CB of the expiring policy shall be apportioned to such Renewed Policies in the proportion of the Sum Insured of each Renewed Policy
- vi. If the Sum Insured has been reduced at the time of Renewal, the applicable CB shall be reduced in the same proportion to the Sum Insured in current Policy.
- vii. If the Sum Insured under the Policy has been increased at the time of Renewal the CB shall be calculated on the Sum Insured of the last completed Policy Period.
- viii. If a claim is made in the expiring Policy Period, and is notified to Us after the acceptance of Renewal premium any awarded CB shall be withdrawn.
- ix. The Cumulative Bonus will not be accumulated in excess of 50% of the Sum Insured under the current Policy with Us under any circumstances.
- x. Any Cumulative Bonus that has accrued for a Policy Period will be credited at the end of that Policy Period if the policy is renewed with us within grace period and will be available for any claims made in the subsequent Policy Period.

6. WAITING PERIOD

The Company shall not be liable to make any payment under the policy in connection with or in respect of following expenses till the expiry of waiting period mentioned below:

6.1. Pre-Existing Diseases (Excl 01)

- a) Expenses related to the treatment of a Pre-Existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 (thirty six) months of continuous coverage after the date of inception of the first policy with us.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage.
- d) Coverage under the policy after the expiry of 36 (thirty six) months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.

6.2. First 30 days waiting period (Excl 03)

- a) Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded

except claims arising due to an accident, provided the same are covered.

- b) This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than 12 (twelve) months.
- c) The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

6.3. Specified disease/procedure waiting period (Excl 02)

- a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 (twenty four) months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If any of the specified disease/procedure falls under the waiting period specified for Pre-Existing Diseases, then the longer of the two waiting periods shall apply.
- d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- f) List of specific diseases/procedures

i. 24 Months waiting period

- 1. Benign ENT disorders
- 2. Tonsillectomy
- 3. Adenoideectomy
- 4. Mastoidectomy
- 5. Tympanoplasty
- 6. Hysterectomy
- 7. All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps
- 8. Benign prostate hypertrophy
- 9. Cataract and age related eye ailments
- 10. Gastric/ Duodenal Ulcer
- 11. Gout and Rheumatism
- 12. Hernia of all types
- 13. Hydrocele
- 14. Non Infective Arthritis
- 15. Piles, Fissures and Fistula in anus
- 16. Pilonidal sinus, Sinusitis and related disorders
- 17. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident
- 18. Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy.
- 19. Varicose Veins and Varicose Ulcers
- 20. Internal Congenital Anomalies

ii. 36 Months waiting period

- 1. Treatment for joint replacement unless arising from accident
- 2. Age-related Osteoarthritis & Osteoporosis

7. EXCLUSIONS

The Company shall not be liable to make any payment under the policy, in respect of any expenses incurred in connection with or in respect of:

7.1. Investigation & Evaluation (Code – Excl 04)

- a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
- b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

7.2. Rest Cure, rehabilitation and respite care (Code- Excl 05)

- a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

7.3. Obesity/ Weight Control (Code- Excl 06)

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

- 1. Surgery to be conducted is upon the advice of the Doctor
- 2. The surgery/Procedure conducted should be supported by clinical protocols
- 3. The member has to be 18 years of age or older and
- 4. Body Mass Index (BMI);
 - a) greater than or equal to 40 or
 - b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnea
 - iv. Uncontrolled Type2 Diabetes

7.4. Change-of-Gender treatments (Code – Excl 07)

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

7.5. Cosmetic or plastic Surgery (Code – Excl 08)

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

7.6. Hazardous or Adventure sports: (Code – Excl 09)

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

7.7. Breach of law (Code – Excl 10)

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

7.8. Excluded Providers (Code – Excl 11)

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Company and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

7.9. Drug/Alcohol Abuse (Excl 12)

Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof (Excl 12)

7.10. Non Medical Admissions (Excl 13)

Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons (Excl 13)

7.11. Vitamins, Tonics (Excl 14)

Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioners part of hospitalization claim or day care procedure

7.12. Refractive Error (Code – Excl 15)

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

7.13. Unproven Treatments (Code – Excl 16)

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

7.14. Sterility and Infertility (Code – Excl 17)

Expenses related to sterility and infertility. This includes:

- i. Any type of sterilization
- ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- iii. Gestational Surrogacy
- iv. Reversal of sterilization

7.15. Maternity Expenses (Code – Excl 18)

- i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
- ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

7.16. War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.

7.17. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:

- a) Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.
- b) Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
- c) Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.

7.18. Any expenses incurred on Domiciliary Hospitalization and OPD treatment

7.19. Treatment taken outside the geographical limits of India

8. Moratorium Period:

After completion of sixty continuous months of coverage (including Portability and Migration), no claim shall be contestable by the Company on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as Moratorium Period. The moratorium would be applicable for the Basic Sums Insured of the first policy. Wherever, the Basic Sum Insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of Basic Sums Insured only on the enhanced limits.

9. CLAIM PROCEDURE

9.1.1 Procedure for Cashless claims:

- (i) Cashless Facility can be availed, if TPA service is opted.
- (ii) Treatment may be taken in a Network Provider / PPN or Non Network Provider and is subject to preauthorization by the Company or its authorized TPA.
- (iii) Cashless request form available with the network provider and TPA shall be completed and sent to the Company/TPA for authorization.
- (iv) The Company/ TPA upon getting cashless request form and related medical information from the insured person/ network provider will issue pre-authorization letter **within an hour** to the hospital after verification.
- (v) At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses.
- (vi) The TPA shall grant the final authorization **within three hours of the receipt** of discharge authorization request from the Hospital.
- (vii) The Company / TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details.
- (viii) In case of denial of cashless access, the insured person may obtain the treatment as per treating doctor's advice and submit the claim documents to the Company / TPA for reimbursement processing.

9.1.2 Procedure for Reimbursement of Claims

For reimbursement of claims the Insured Person shall submit the necessary documents to TPA (if claim is processed by TPA)/Company within the prescribed time limit as specified hereunder.

Sl. No.	Type of claim	Prescribed Time limit
1.	Reimbursement of hospitalisation, day care and pre hospitalisation expenses	Within thirty days of date of discharge from hospital
2.	Reimbursement of post hospitalisation expenses	Within fifteen days from completion of post hospitalisation treatment

9.1. Notification of Claim

Notice with full particulars shall be sent to the Company/ TPA (if applicable) as under:

- i. Within 24hours from the date of emergency hospitalization required or before the Insured Person's discharge from Hospital, whichever is earlier.
- ii. At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.

9.2. Documents to be submitted

The reimbursement claim is to be supported with the following documents and submitted within the prescribed time limit.

- i. Duly completed claim form
- ii. Photo Identity proof of the patient
- iii. Medical practitioner's prescription advising admission.
- iv. Original bills with itemized break-up
- v. Payment receipts
- vi. Discharge summary including complete medical history of the patient along with other details.
- vii. Investigation/ Diagnostic test reports etc. supported by the prescription from attending medical practitioner
- viii. OT notes or Surgeon's certificate giving details of the operation performed (for surgical cases).
- ix. Sticker/Invoice of the Implants, wherever applicable.
- x. MLR (Medico Legal Report copy if carried out and FIR (First information report) if registered, where ever applicable.
- xi. NEFT Details (to enable direct credit of claim amount in bank account) and cancelled cheque
- xii. KYC (Identity proof with Address) of the proposer, where claim liability is above Rs. 1 Lakh as per AML Guidelines
- xiii. Legal heir/succession certificate, wherever applicable
- xiv. Any other relevant document required by Company/TPA for assessment of the claim.

Note:

1. The company shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted
2. In the event of a claim lodged under the Policy and the original documents having been submitted to any other insurer, the Company shall accept the copy of the documents and claim settlement advice, duly certified by the other insurer subject to satisfaction of the Company

3. Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person.

9.3. Co-payment

Each and every claim under the Policy shall be subject to a Co-payment as mentioned below, applicable to claim amount admissible and payable as per the terms and conditions of the Policy. The amount payable shall be after deduction of the co-payment.

- Co-payment of 5% on all claims for Insured Person aged less than equal to 75 years on policy inception
- Co-payment of 15% on all claims for Insured Person aged greater than 75 years on policy inception

9.4. Claim Settlement

- i. The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of last necessary document.
- ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

(*Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due*)

9.5. Services Offered by TPA

Servicing of claims, i.e., claim admissions and assessments, under this Policy by way of pre-authorization of cashless treatment or processing of claims other than cashless claims or both, as per the underlying terms and conditions of the policy.

The services offered by a TPA shall not include

- i. Claim settlement and claim rejection;
- ii. Any services directly to any insured person or to any other person unless such service is in accordance with the terms and conditions of the Agreement entered into with the Company.

9.6. Disclaimer

If the Company shall disclaim liability to the insured person for any claim hereunder and if the insured person shall not within twelve calendar months from the date of receipt of the notice of such disclaimer notify the Company in writing that he does not accept such disclaimer and intends to recover his claim from the Company, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

9.7. Payment of Claim

All claims under the policy shall be payable in Indian currency and through NEFT/ RTGS only.

10. GENERAL TERMS & CONDITIONS

10.1. Disclosure of Information

The Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, misdescription or non-disclosure of any material fact by the policyholder.

(*Explanation: "Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk*)

10.2. Condition Precedent to Admission of Liability

The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy.

10.3. Material Change

The Insured shall notify the Company in writing of any material change in the risk in relation to the declaration made in the proposal form or medical examination report at each Renewal and the Company may, adjust the scope of cover and / or premium, if necessary, accordingly.

10.4. Records to be Maintained

The Insured Person shall keep an accurate record containing all relevant medical records and shall allow the Company or its representatives to inspect such records. The Policyholder or Insured Person shall furnish such information as the Company may require for settlement of any claim under the Policy, within reasonable time limit and within the time limit specified in the Policy

10.5. Complete Discharge

Any payment to the policyholder, Insured Person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the Policy shall be a valid discharge towards payment of claim by the Company to the extent of then amount for the particular claim.

10.6. Notice & Communication

- i. Any notice, direction, instruction or any other communication related to the Policy should be made in writing.
- ii. Such communication shall be sent to the address of the Company or through any other electronic modes specified in the Policy Schedule.
- iii. The Company shall communicate to the Insured at the address or through any other electronic mode mentioned in the schedule.

10.7. Territorial Limit

All medical treatment for the purpose of this insurance will have to be taken in India only.

10.8. Multiple Policies

- i. In case of multiple policies taken by an insured person during a period from one or more insurers to indemnify treatment costs, the insured person 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 chosen by the insured person 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.
- ii. Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies. Then the insurer shall independently settle the claim subject to the terms and conditions of this policy.
- iii. If the amount to be claimed exceeds the sum insured under a single policy, the insured person shall have the right to choose insurer from whom he/she wants to claim the balance amount.
- iv. Where an insured person has policies from more than one insurer to cover the same risk on indemnity basis, the insured person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

10.9. Fraud

If any claim made by the insured person, 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 person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

- a) the suggestion, as a fact of that which is not true and which the insured person does not believe to be true;
- b) the active concealment of a fact by the insured person having knowledge or belief of the fact;
- c) any other act fitted to deceive; and
- d) any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

10.10. Cancellation

- i. The Company may cancel the policy at any time, on grounds of misrepresentation, non-disclosure of material facts or established fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.
- ii. The policyholder may cancel his/her policy at any time during the term, by giving 7 days notice in writing. The Company shall refund proportionate premium for unexpired policy period, if there is no claim(s) made during the policy period.

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any Benefit has been availed under the Policy.

10.11. Territorial Jurisdiction

All disputes or differences under or in relation to the interpretation of the terms, conditions, validity, construct, limitations and/or exclusions contained in the Policy shall be determined by the Indian court and according to Indian law.

10.12. Arbitration

- i. If any dispute or difference shall arise as to the quantum to be paid by the 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 here to or if they cannot agree upon a single arbitrator within thirty days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising 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, as amended by Arbitration and Conciliation (Amendment) Act, 2015 (No. 3 of 2016).
- ii. It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of the policy.
- iii. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon the policy that award by such arbitrator/arbitrators of the amount of expenses shall be first obtained.

10.13. Migration

The Insured Person will have the option to migrate the Policy to an alternative health insurance product offered by the Company by applying for Migration of the policy at least 30 days before the policy renewal date as per extant Guidelines related to Migration. If such person is presently covered and has been continuously covered without any lapses under this Policy offered by the Company,

- i. The Insured Person will get all the accrued continuity benefits for credits gained to the extent of the specific waiting periods, waiting period for pre-existing diseases and Moratorium period of the Insured Person.
- ii. Migration benefit will be offered to the extent of Sum Insured and accrued Cumulative Bonus (as part of the sum insured) of the previous policy. Migration benefit shall not apply to any other additional increased Sum Insured.

The Proposal may be subject to fresh Underwriting as per terms of conditions of the migrated product, if the insured is not continuously covered for at least 36 months under the previous product

10.14. Portability

The Insured Person will have the option to port the Policy to other insurers by applying to such Insurer to port the entire policy along with all the members of the family, if any, at least **15** days before, but not earlier than **60 days** from the policy renewal date, as per IRDAI guidelines related to Portability. If such person is presently covered and has been continuously covered without any lapses under this Policy offered by the Company,

- i. The proposed Insured Person will get all the accrued continuity benefits for specific waiting periods, waiting period for pre-existing diseases and Moratorium period of the Insured Person under the previous health insurance Policy.
- ii. Portability benefit will be offered to the extent of Sum Insured and accrued Cumulative Bonus (as part of the sum insured) of the previous policy. Portability benefit shall not apply to any other additional increased Sum Insured.

10.15. Renewal of Policy

- i. The policy shall be renewable provided the product is not withdrawn, except in case of established fraud or non-disclosure or misrepresentation by the Insured. If the product is withdrawn, the policyholder shall be provided with suitable options to migrate to other similar health insurance products/plans offered by the Company.
- ii. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- iii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
- iv. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- v. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the Grace Period.
- vi. No loading shall apply on renewals based on individual claims experience.
- vii. In case of non-continuance of the Policy by the Insured (due to death or any other valid and acceptable reason):
 - The Policy may be renewed by any Insured Person above eighteen (18) years of age, as the Insured.
 - Where only children (less than eighteen years of age) are covered, the Policy shall be allowed till the expiry of the Policy period. The legal guardian may be allowed to renew the Policy as Proposer, covering the children.

10.16. Premium Payment in Installments

If the insured person has opted for Payment of Premium on an installment basis i.e. Half Yearly or Quarterly, as mentioned in Your Policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy)

- i. Grace Period (as defined) would be given to pay the instalment premium due for the policy.
- ii. If Installment Premium is not paid within Grace Period, the Policy shall be cancelled and no refund shall be allowed. However, if the premium is paid in instalments within the Grace Period, coverage shall be available during the Grace Period.
- iii. In case of instalment premium due not received within the Grace Period, the Policy will get cancelled.
- iv. In case of a claim being admissible under the Policy, all the remaining installments for the Policy Period shall become due and payable immediately.
- v. Change of Premium Paying Frequency can be opted only at the time of renewal.
- vi. In case of installment premium due not received within the grace Period, the Policy will get cancelled ab-initio.

10.17. Withdrawal of Product

- i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.
- ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

10.18. Revision of Terms of the Policy Including the Premium Rates

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified before the changes are effected.

10.19. Free look period

The Free Look Period shall be applicable at the inception of the Policy and not on renewals or at the time of porting the policy. The insured person shall be allowed free look period of **thirty (30)** days from date of receipt of the policy document to review the terms and conditions of the policy. If he/she is not satisfied with any of the terms and conditions, he/she has the option to cancel his/her policy. This option is available in case of policies with a term of one year or more.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

- i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges; or
- ii. where the risk has already commenced and the option of return of the Policy is exercised by the insured, a deduction towards the proportionate risk premium for period of cover or
- iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

10.20. Endorsements (Changes in Policy)

- i. This policy constitutes the complete contract of insurance. This Policy cannot be modified by anyone (including an insurance agent or broker) except the company. Any change made by the company shall be evidenced by a written endorsement signed and stamped.
- ii. The policyholder may be changed only at the time of renewal. The new policyholder must be the legal heir/immediate family member. Such change would be subject to acceptance by the company and payment of premium (if any). The renewed Policy shall be treated as having been renewed without break.

The policyholder may be changed during the Policy Period only in case of his/her demise or him/her moving out of India.

10.21. Change of Sum Insured

Sum insured can be changed (increased/ decreased) only at the time of renewal or any time, subject to underwriting by the Company. For any increase in SI, the waiting period shall start afresh for the incremental portion of the sum insured.

10.22. Terms and condition of the Policy

The terms and conditions contained herein and in the Policy Schedule shall be deemed to form part of the Policy and shall be read together as one document.

10.23. Nomination

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. For Claim settlement under reimbursement, the Company will pay the policyholder. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the Policyholder whose discharge shall be treated as full and final discharge of its liability under the Policy

11. REDRESSAL OF GRIEVANCE

In case of any grievance related to the Policy, the insured person may submit in writing to the Policy Issuing Office or Grievance cell at Regional Office of the Company for redressal. If the grievance remains unaddressed, the insured person may contact: Customer Relationship Management Dept., National Insurance Company Limited, Premises No. 18-0374, Plot no. CBD-81, New Town, Kolkata - 700156, email: customer.relations@nic.co.in, griho@nic.co.in

For more information on grievance mechanism, and to download grievance form, visit our website <https://nationalinsurance.nic.co.in>

Bima Bharosa (an Integrated Grievance Management System earlier known as IGMS) - <https://bimabharosa.irdai.gov.in/>

Insurance Ombudsman – The Insured person can also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as listed in Annexure-B. The updated list of Office of Insurance Ombudsman are available on IRDAI website: <https://irdai.gov.in/> and on the website of Council for Insurance Ombudsman: <https://www.cioins.co.in/>

Helpline Number: 1800 345 0330

Dedicated Email ID for Senior Citizens: health.srccitizens@nic.co.in

12. TABLE OF BENEFITS

Name	Arogya Sanjeevani Policy - National
Product Type	Individual/ Floater
Category of Cover	Indemnity
Sum insured	₹ 50,000 to ₹ 10L, in multiple of ₹ 50,000 On Individual basis – SI shall apply to each individual family member On Floater basis – SI shall apply to the entire family
Policy Period	1 years
Eligibility	Policy can be availed by persons between the aged of 18 years and 65 years above, as Proposer. Proposer with higher age can obtain policy for family, without covering self. Children between the age of 91 days and 25 years may be covered, provided parent(s) is/are covered at the same time. Policy can be availed for Self and the following family members <ul style="list-style-type: none"> a. Legally wedded spouse b. Parents and parents-in-law. c. Dependent children (i.e., natural or legally adopted) between the age 3 months to 25 years. If the child above 18 years of age is financially independent, he or she shall be ineligible for coverage in the subsequent renewals.
Grace Period	The grace period of thirty days (where premium is paid in quarterly/half yearly/annual instalments) is available on the premium due date, to pay the premium.
Hospitalisation Expenses	Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible Time limit of 24 hrs shall not apply when the treatment is undergone in a Day Care Center
Pre Hospitalisation	For 30 days prior to the date of hospitalization
Post Hospitalisation	For 60 days from the date of discharge from the hospital
Sublimit for room/doctors fee	1. Room Rent, Boarding, Nursing Expenses all inclusive as provided by the Hospital/ Nursing Home up to 2% of the Sum Insured subject to maximum of Rs. 5,000/- per day 2. Intensive Care Unit (ICU) charges/ Intensive Cardiac Care Unit (ICCU) charges all-inclusive as provided by the Hospital/ Nursing Home up to 5% of the Sum Insured subject to maximum of Rs. 10,000/- per day
Cataract Treatment	Up to 25% of Sum Insured or Rs. 40,000/-, whichever is lower, per eye, under one policy year
AYUSH	Expenses incurred for Inpatient Care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy system of medicines shall be covered upto sum insured, during each policy year as specified in the policy schedule
Pre Existing Disease	Only PEDs declared in the Proposal Form and accepted for coverage by the Company shall be covered after a waiting period of 3 years
Cumulative bonus	Increase in the sum insured by 5% of SI in respect of each claim free year of insurance maximum up to 50% of current SI. In the event of claim the cumulative bonus shall be reduced as the same rate.
Co Pay	5% Co-pay on all claims for age less than equal to 75 years 15% Co-pay on all claims for age greater than 75 years
Add-Ons Available	
National Home Care Treatment Add-On	INR 10,000/ 15,000/ 20,000/ 25,000/ 30,000/ 35,000/ 40,000/ 45,000/ 50,000, subject to 10% of Basic SI under base Policy.

No loading shall apply on renewals based on individual claims experience
Insurance is the subject matter of solicitation

List I – List of which coverage is not available in the policy

Sl	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	Television Charges
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG/ SHORT/ HINGED)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE Tablets
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	VASOFIX SAFETY

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

Sl	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES

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

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

Sl	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICS CALPEL, SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

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

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

The contact details of the Insurance Ombudsman offices are as below-

Areas of Jurisdiction	Office of the Insurance Ombudsman	Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in
Gujarat, Dadra & Nagar Haveli, Daman and Diu	Office of the Insurance Ombudsman, Jeevan Prakash Building, 6 th Floor, Tilak Marg, Relief Road, Ahmedabad-380001 Tel: 079 - 25501201/ 02/ 05/ 06 Email: bimalokpal.ahmedabad@cioins.co.in	
Karnataka	Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	
Madhya Pradesh, Chhattisgarh	Office of the Insurance Ombudsman, 1st floor, "Jeevan Shikha", 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in	
Odisha	Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 / 2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in	
Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh	Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 4646394 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in	
Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry)	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in	
Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23237539 Email: bimalokpal.delhi@cioins.co.in	
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 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	
Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry	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 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in	
Rajasthan	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141- 2740363/2740798 Email: Bimalokpal.jaipur@cioins.co.in	
Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry	Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College, M.G. Road, Kochi - 682 011.	
West Bengal, Sikkim, Andaman & Nicobar Islands	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in	
Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkar nagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharthanagar	Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in	
Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane)	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in	
State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur	Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	
Bihar, Jharkhand	Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	
Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region)	Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. Nos. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.in	