

TRAVEL ACE- DOMESTIC (GROUP)

POLICY WORDINGS

UIN-BAJTGDP24098V012324

A. PREAMBLE

Whereas the insured described in the Group Policy Schedule hereto (hereinafter called the 'Insured' or "Policy holder/Policy Holder" or "Proposer") has made to Bajaj Allianz General Insurance Company Limited (hereinafter called the "Company" or "Insurer" or "Insurance Company" or "insurance company") a proposal which is hereby agreed to be the basis of this Group Policy/Master Policy titled "Travel Ace - Domestic (Group)", and the Insured has made proposal or Proposal as mentioned in the transcript of the Proposal of Insured Beneficiary/Insured on behalf of respective Insured Beneficiary/ies, containing certain undertakings, declarations, information/particulars and statements, which is hereby agreed to be the basis of this, for Certificate of Insurance [COI], to be issued in the name of Insured Beneficiary under Group Policy/Master Policy titled "Travel Ace - Domestic (Group)", Insured Beneficiary and or Insured/Policy Holder on behalf of Insured Beneficiary has paid the premium specified in the COI read with Group Policy/Master Policy as consideration for the Certificate of Insurance [COI] under Group Policy/Master Policy title "Travel Ace - Domestic (Group)", now the Company agrees, subject always to the Sum Insured as specified in the respective COI issued/to be issued to the Insured Beneficiary, and the terms, conditions, exclusions, and limitations of the COI and Policy Terms and Conditions under Group Policy/Master Policy title "Travel Ace - Domestic (Group)", and in excess of the amount of the Deductible/co-payment, to indemnify the Insured Beneficiary as under the COI against such loss/expenses, as is herein provided and such loss/expenses is actually incurred by Insured Beneficiary within the Cover Period under COI, in the manner and to the extent hereinafter stated:

*Please Note – Any information mentioned under pin-up "**What it means**" is to be considered as simplification of the benefit explained for understanding of a non-insurance expert person. In case of any claim or details, please refer the conditions detailed on this policy document for the benefits applicable to the Insured Beneficiary as per coverage opted.*

B. DEFINITIONS

The following words or terms shall have the meaning ascribed to them wherever they appear in this Policy, and references to the singular or to the masculine shall include references to the plural and to the female wherever the context so permits:

DEFINITIONS- STANDARD DEFINITIONS

1. An **Accident, Accidental** means a 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 includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.
3. **"Cashless Facility"** Cashless Facility means a facility extended by the Insurer to You where the payments, of the costs of treatment undergone by You in accordance with the policy terms and conditions, are directly made to the network provider by the Insurer to the extend pre authorization approved.
4. **Condition Precedent-** Condition Precedent shall mean a Policy terms or conditions upon which the Insurer's liability under the Policy is conditional upon.
5. **Co-Payment:**
Co-payment means a cost sharing requirement under a health insurance policy that provides that the Insured Beneficiary will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.
6. **Day Care Centre-** means any institution established for day care treatment of illness and / or injuries or a medical set -up within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner and must comply with all minimum criteria as under:-
 - a. has qualified nursing staff under its employment
 - b. has qualified medical practitioner (s) in charge
 - c. has a fully equipped operation theatre of its own where surgical procedures are carried out-

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

7. Day Care Treatment/ Procedure-

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.

A detailed list of procedures considered under Day Care Treatment/ Procedure is attached with the Policy wordings. For an updated list of Day Care Procedures kindly visit our website.

8. Deductible/ Excess -

Deductible/ Excess is a cost-sharing requirement under a travel insurance policy that provides that the Insurer will not be liable for a specified rupee amount and for a specified number of days/hours which will apply before any benefits are payable by the Insurer. A deductible does not reduce the Sum Insured.

9. Dental Treatment-

Dental Treatment is treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns extractions and surgery excluding any form of cosmetic surgery / implants.

10. Disclosure to Information Norm-

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.

11. Emergency, Emergency Care/treatment-

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 Beneficiary's health.

12. Hospital/Medical Facility

A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) 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 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;
- 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;

13. "Hospitalization"

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

14. Illness/ Sickness-

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** –

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

15. Injury/ Bodily Injury-

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.

16. "Inpatient Care"

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

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17. **ICU** (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.
18. **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.
19. **Medical Advice**- Medical advice means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow up prescription.
20. **Medical Expenses** means those expenses that an Insured Beneficiary 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 Beneficiary had not been Insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

List of non-medical expenses is attached with the policy wordings (refer annexure I).

21. **Medical Practitioner/Doctor/ Physician** 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 set up by the Government of India or a State Government and acceptable to Us and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license and acceptable to Us. A Doctor/Physician/Medical Practitioner shall not include any member of the Insured Beneficiary's family.
22. **Medically Necessary** - Medically necessary treatment is defined as any treatment, tests, medications, or stay in hospital or part of a stay in hospital which-
 - a. is required for the medical management of the Accidental injury suffered by the Insured Beneficiary;
 - b. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - c. must have been prescribed by a medical practitioner,
 - d. Must conform to the professional standards widely accepted by the medical community in India.
23. **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 beneficiary by a cashless facility.
24. **Non_network provider**- Non-Network provider means any Hospital, Day Care Centre or other provider that is not part of the network.
25. **Notification of Claim**- Notification of claim is the process of notifying a claim to the Insurer or TPA by specifying the timelines as well as the address / telephone number to which it should be notified.
26. **OPD treatment** - OPD treatment means one in which the Insured Beneficiary 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 Beneficiary is not admitted as a day care or in-patient.
27. **Pre- Existing Illness/Disease** means any condition, ailment or injury or disease
 - i. That is/are diagnosed by a Physician within 48 months prior to the effective date of the Policy issued by the Insurer or
 - ii. 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.
28. **Pre-hospitalization**- Pre-hospitalization Medical Expenses means medical expenses incurred during predefined number of days preceding the hospitalization of the Insured Beneficiary, provided that:
 - a. Such Medical Expenses are incurred for the same condition for which the Insured Beneficiary's Hospitalization was required, and
 - b. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

29. **Post hospitalization**

Post-hospitalization Medical Expenses means medical expenses incurred during predefined number of days immediately after the Insured Beneficiary is discharged from the Hospital provided that:

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- a. Such Medical Expenses are for the same condition for which the Insured Beneficiary's hospitalization was required, and
 - b. The inpatient hospitalization claim for such hospitalization is admissible by the Insurance Company.
30. **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.
31. **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
32. **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 of suffering or prolongation of life, performed in a hospital or day care center by a medical practitioner.
33. **Unproven/ Experimental treatment-** Unproven/ Experimental treatment is treatment, including drug experimental therapy, which is based on established medical practice in India, is treatment experimental or unproven

DEFINITIONS- SPECIFIC DEFINITIONS

1. **Act of Terrorism or "Terrorism" or "Terrorist Activity":** 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 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 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 defense 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.
2. **Adventure Sports** (also called action sports, aggro sports, and Extreme sports) is a popular term for certain activities perceived as having a high level of inherent danger. These activities often involve speed, height, a high level of physical exertion, and highly specialized gear such as racing on wheels or horseback, big game hunting, mountaineering, winter sports, Skydiving, Parachuting, Scuba Diving, Riding or Driving in Races or Rallies, Mountain Climbing, hunting or equestrian activities, rock climbing, pot holing, bungee jumping, skiing, ice hockey, ballooning, hand gliding, diving or under-water activity river rafting, canoeing involving rapid waters, polo, yachting or boating outside coastal waters.
3. **Aircraft** means any machine which can derive support in the atmosphere from reactions of the air, [other than reactions of the air against the earth's surface] but excluding balloons, whether fixed or free, airships, kites, gliders and flying machines.
4. **Airline** means a public airline that holds a proper license for the jurisdiction in which it operates and that operates scheduled flights, through Aircraft, for passengers and cargo.
5. **Air Travel** means travel through aircraft or helicopter for the purpose of flying as a passenger.
6. **Assistance Partner** means entity as may be appointed by the Company from time to time to provide assistance to the Insured in terms of this Policy.
7. **Burglary** means the unforeseen and unauthorised entry to or exit from the Insured Premises by aggressive and detectable means with the intent to steal Contents there from
8. **Card** means the credit card, cash card, debit card and other similar cards issued to the Insured Beneficiary by a qualified financial institution.

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9. **Catastrophe/ Natural Disaster** means an unexpected natural event such as an earthquake, tsunami, Flood, Inundation, Storm, Tempest, Cyclone, Volcanic eruption, Landslide, rockslide or other convulsions of nature disrupting travel.
10. **Certificate of Insurance** means the document issued by the Company to You as per these terms and conditions detailing the commencement date and expiry date of the cover, Insured Beneficiary(s) name, address, age, coverage, sums insured, Deductible, condition(s), exclusions and or endorsement(s) as fully mentioned in the respective Period of Insurance.
11. **Checked Baggage** means the baggage entrusted by the Insured Beneficiary and accepted by a Common Carrier for transportation in the same mode of conveyance as the Insured Beneficiary travels and for which a baggage receipt is issued to the Insured Beneficiary. This shall exclude all the items that are carried/ transported under a Contract of Affreightment
12. **City of Residence** shall mean and include any city, town or village in which the Place of Residence of the Insured Beneficiary is normally/usually located.
13. **Claim** means a Claim under an operative part of this Policy in respect of an insured event that has taken place or is likely to take place. All Claims resulting from one and the same event or circumstance shall jointly constitute one Claim under this Policy and as having been made at the time when the first Claim was made in writing and the Deductible shall be applicable to each section independently.
14. **Common Carrier-** means any commercial public airline/ railway/ motor transport, or waterborne vessel (which shall include ocean going and / or coastal vessels) operating under license issued by the appropriate authority for transportation of passengers and which has fixed & established routes only. The scope of Common carrier does not include travel through automobiles owned by the Insured Beneficiary either as a passenger or driver and travel through any two-wheeled motor vehicle either as a passenger or driver.
15. **Contents** means the household goods such as furniture, fixtures, fittings, home appliances, interior decorations and items of like nature; personal effects such as cloths and other articles of personal nature likely to be worn, used or carried but excluding money, jewellery Portable Equipment and valuables.
 Contents should be owned by or be legal responsibility of the Insured beneficiary or family members residing with him/her and not be used for Business or Business purpose
16. **Cover Period-** The period between and including (i) the Risk Inception Date [RID]/start date and time of risk cover and Risk End Date [RED]/end date and time of risk cover shown in the Certificate of Insurance or (ii) period from commencement of the Insured trip to the end of the Insured trip, whichever is earlier.
17. **Date of Loss/ Date of Incident** - Date on which the Accidental Bodily Injury or Illness/Disease resulting in physical and/ or Financial loss first occurred or first manifested during the Period of Insurance
18. **Damages** means monetary sums payable pursuant to judgments or awards but shall not include fines, penalties, punitive damages, exemplary damages, any non-pecuniary relief, or any other amount for which You are not financially liable, or which is without legal recourse to the You, or any matter that may be deemed to be uninsurable under Indian Law.
19. **Dependent Child(ren)-** means unmarried child(ren) is still a full time student in an educational institution; and is unemployed or is less than the Age of 25; whichever is earlier
20. **Disease** means an affliction of the bodily organs having a defined and recognized pattern of symptoms that first manifests itself during the Period of Insurance and for which immediate treatment by a Physician is necessary.
21. **E-Commerce-** E-commerce for this product is the buying and selling of services related to transport via the internet, and real time tracking the Service offered and storing its data by service provider.
22. **Emergency Medical Evacuation** means when the medical condition of the Insured Beneficiary warrants Immediate transportation of the Insured Beneficiary from the place he/she sustains accidental injuries to the nearest hospital for appropriate treatment and/or after the treatment the medical condition of the Insured Beneficiary warrants transportation to the City of Residence or City of Origin where the Trip commenced for the purpose of further medical treatment or recovery.
23. **Exempted Substances**
 Means the Substances which are legal as per local legislation and regulated under local act by local, State or Federal law and consumption of which will not attract any penalties and Sentencing.
24. **Family/Family Member-** means the Insured Beneficiary, his/her spouse, children, parents, parent in laws and siblings.

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25. **Group** - The definition of a group as per the provisions of group guidelines issued by IRDAI vide circular 015/IRDA/Life/Circular/GI Guidelines/2005 dated 14th July 2005 read with Insurance Regulatory and Development Authority of India (Health Insurance) Regulations, 2016 as amended/modified, from time to time.
26. **Home**: Home shall be considered as address mention in Certificate of Insurance.
27. **Home Burglary** Home burglary means any act of actual, forcible and violent entry and or exit from Your premises with intent to commit an act of crime or theft.
28. **Insurance Company / Claims Administrator** means the person or organization named in the Master Policy Schedule.
29. **Insured** means the person(s) named in the Master Policy Schedule.
30. **Insured Beneficiary/Beneficiary** means the person(s) named in the Certificate of Insurance.
31. **Insured Journey/Trip** - shall mean and include a Trip undertaken by the Insured Beneficiary from the Place of Residence or Place of Origin on or after the Policy start date &time and return to the City of Residence or Place of Origin on or before the Policy end date & time. If trip is a one way journey then it shall mean and include a Trip undertaken by the Insured Beneficiary from the Place of Residence or Place of Origin on or after the Policy start date &time to the Place of Destination on or before the Policy end date & time
32. **Insured Premises** means the Insured Beneficiary's **Home** in the Place of Residence so long as the use of the same is restricted to solely domestic purposes.
33. **Limit of Indemnity**-Limit of Indemnity represents Our maximum liability to make payment for each and every claim per Insured Beneficiary/person and collectively for all Insured Beneficiaries/persons mentioned in the Certificate of Insurance during the Policy Period and in the aggregate for the Insured Beneficiaries /person(s) named in the Certificate of Insurance during the Policy Period, and means the amount stated in the Certificate of Insurance against each Cover and subject to the limits specified.
34. **Pandemic**- An epidemic that is recognized as a pandemic by the World Health Organization (WHO) or an official government authority of India.
35. **Place of Destination** of the Insured Beneficiary means the destination place where the journey of the Insured beneficiary is scheduled to be concluded.
36. **Place of Origin** of the Insured Beneficiary means the starting point or place or location from where the Insured beneficiary's journey is scheduled to be undertaken.
37. **Place of Residence** of the Insured Beneficiary means any city, town or village in which the Insured Beneficiary is currently residing in India and as specified in the Insured Beneficiary's corresponding address in the Certificate of Insurance.
38. **Permanent Total Disability** - Medical Practitioner certified total, continuous and permanent:
 - a. loss of the sight of both eyes
 - b. physical separation of or the loss of ability to use both hands or both feet
 - c. physical separation of or the loss of ability to use one hand and one foot
 - d. loss of sight of one eye and the physical separation of or the loss of ability to use either one hand or one foot
39. **Permanent Partial Disability**
 Medical practitioner certified total and continuous loss or impairment of a body part or sensory organ
40. **Period of Insurance**- means the period from commencement of the Insured trip to the end of the Insured trip or end date and time of the Policy Period, whichever is earlier. .
41. **Phishing** is the attempt to obtain sensitive information such as usernames, passwords, and credit card details (and sometimes, indirectly, money), often for malicious reasons, by masquerading as a trustworthy Entity in a written electronic communication.
42. **Policy** means the proposal, the Certificate of Insurance, this Policy wordings, Terms and Conditions and any endorsements attaching to or forming part hereof either on the commencement date or during the Policy Period.
43. **Policy Period**-
 The period between and including the start date and time and end date and time as shown in the Certificate of Insurance.
44. **Political unrest** is defined as the sum of riots, general strikes and anti-government demonstrations that is as lawful or unlawful collective action aimed against the national political authority and not entailing any military violence.
45. **Portable equipment** means Photographic Equipment, Laptops, Mobile Phones, Tablets, Video Cameras, Telescopes, binoculars, Musical Instruments, Smart Watch, I- Pads, I Pods and Portable equipment of similar nature.

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46. **Property Damage** means actual physical damage to tangible material property belonging to a third party.
47. **Qualified Financial Institution** means Banking Company under Reserve Bank of India Act, 1934 and shall also include a Non-Banking Financial Company as defined under Reserve Bank of India Act, 1934 read with the RBI guidelines, from time to time.
48. **Sum Insured** means the amount stated in the Certificate of Insurance against each relevant Section/cover, which shall be Our maximum liability.
49. **Suicide-** means an act of self-killing. For Suicide, a person must commit it by himself, irrespective of the means employed by him in achieving his object of killing himself.
50. **Sporting Activity-** Any activity or sports events in India in which Insured Beneficiary participates in professional or semi-professional capacity where-
 - a. **Professional Sport**" is a sport activity where participant gets remunerated and is full time occupation by which he/she makes most of livelihood.
 - b. "Semi-Professional Sport" is a sport activity in which participant get remunerated. But said sports is not a full time occupation for him/her.
51. **Travel Operator-** means a service provider who is registered and has a licence from respective competent Government Authorities to provide travel related services to the public such as Accommodation and Transport facilities.
52. **Theft** means whoever intending to take dishonestly any moveable property out of the possession of the Insured without his/her consent , moves that property in order to such taking is said to commit theft.
53. **Substance abuse** refers to use of a Psychoactive Substance for other than medicinal purposes which impairs the physical, mental, emotional, or social well-being of the user.
54. **Unauthorized Use** means misuse of the Insured Beneficiary's Card without his/her consent
 - a. on account of a Fraudulent Transaction,
 - b. Following Card Loss.Unauthorized Use shall be construed accordingly
55. **Unauthorized and Fraudulent Use** means
 - i. Use of the Insured Beneficiary's Card by someone other than the Insured Beneficiary and impersonating as Beneficiary, following Card Loss or any Counterfeit Transaction.
 - ii. By PhishingUnauthorized and fraudulent transaction shall be construed accordingly.
56. **Valuables**" means:
Electronic and electrical equipment including, but not limited to, photographic equipment, Audio equipment, video and/or televisual equipment, computers and/or organizers; spectacles, sunglasses, or the like; watches or jewellery or precious stones or models or coins or curios, sculptures, manuscripts, stamps, collections of stamps, rare books, medals, molds, designs or any other collectibles; Gold or silver or any precious metals or articles made from any precious metals; deeds, ATM Cards, credit cards, charge cards, bonds, bills of exchange, bank treasury or promissory notes, cheques, money, securities or any other negotiable instrument but shall not include defined Portable Equipment.
57. **You, Yours, Insured, Insured Beneficiary**, means group member or person named in the Certificate of Insurance.
58. **We, Our, Ours, the Company** means the Bajaj Allianz General Insurance Company Limited.

SECTION C) COVERAGE

Cover Period:

1 day to 365 days

Scope of cover:

The Company hereby agrees to pay in respect of an admissible claim, any or all of the following covers subject to the Sum Insured, limits, Deductible, terms, conditions and definitions, Co-payment, exclusions contained or otherwise expressed in this Group Policy and COI. Policy Type-

1. Coverage for complete insured journey/trip or
2. Coverage only while traveling by mode of transport (Air/Rail/Road/Water) specified in Master Policy.

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PART I. ACCIDENT AND SICKNESS CONTINGENCIES

SECTION 1: PERSONAL ACCIDENT

 *What it means: We will pay a fixed amount in the event of death or defined disability caused solely by Accident.*

Scope of Cover:

A. DEATH

If during the Period of Insurance, Insured Beneficiary sustains Accidental Bodily Injury which directly and independently of all other causes results in immediate Death or Death within twelve (12) months from the Date of Incident, then the Company agrees to pay the Sum Insured stated in the Section 1 of the Certificate of Insurance, to Beneficiary's Nominee or legal representative.

Disappearance: In the event of Insured Beneficiary's disappearance, following a forced landing, stranding, sinking or wrecking of a conveyance in which Beneficiary was known to have been travelling as an occupant, Beneficiary's disappearance shall be deemed as death after Twelve (12) months. If at any time after the payment, it is discovered that Beneficiary is still alive, all payments shall be reimbursed in full to the Company by the recipient of such benefit.

B. PERMANENT TOTAL DISABILITY

If during the Period of Insurance, Insured Beneficiary sustains Accidental Bodily Injury which directly and independently of all other causes results in Permanent Total Disability within twelve (12) months from the Date of Incident, then the Company agrees to pay the Sum Insured stated in the Section 1 of the Certificate of Insurance, to the Insured Beneficiary or their Nominee or legal representative in case of.

- loss of the sight of both eyes
- physical separation of or the loss of ability to use both hands or both feet
- physical separation of or the loss of ability to use one hand and one foot
- loss of sight of one eye and the physical separation of or the loss of ability to use either one hand or one foot

C. PERMANENT PARTIAL DISABILITY

If during the Period of Insurance, Insured Beneficiary sustains Accidental Bodily Injury which directly and independently of all other causes results in Permanent Partial Disability within twelve (12) months from the Date of Incident, then the Company agrees to pay the percentage of Sum Insured as per Table 1: Permanent Partial Disability Schedule to the Insured Beneficiary or their Nominee or legal representative.

Table 1: Permanent Partial Disability Schedule

Permanent Partial Disability	% of Sum Insured	Permanent Partial Disability	% of Sum Insured
Hearing of both ears	75%	A foot at the ankle	40%
An arm at the shoulder joint	70%	Hearing of one ear	30%
A leg above mid-thigh	70%	A thumb	20%
An arm above the elbow joint	65%	An index finger	10%
An arm beneath the elbow joint	60%	Sense of smell	10%
A leg up to mid-thigh	60%	Sense of taste	5%
A hand at the wrist	55%	Any other finger	5%
A leg up to beneath the knee	50%	A large toe	5%
An eye	50%	Any other toe	2%
A leg up to mid-calf	45%		

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SECTION 2: ACCIDENTAL DEATH & DISABILITY- COMMON CARRIER (AD&D)



What it means: This cover will pay a fixed amount in the event of Death or Permanent Disability caused solely by Accidental Injury while travelling in Common Carrier.

Scope of Cover:

If during Period of Insurance, while travelling in a Common Carrier, Insured Beneficiary sustains Accidental Bodily Injury which directly and independently of all other causes within 12 months from the Date of Incident results in Death or Permanent Total Disablement, the Company shall pay the Sum Insured specified in the Certificate of Insurance to the Insured Beneficiary or their Nominee or Legal Representative.

Specific Conditions applicable to Section 1: Personal Accident and Section 2: Accidental Death & Disability- Common Carrier (AD&D) :

- i If We become liable to make payment under A. Death / B. Permanent Total Disability due to Accidental Bodily Injury, then Insurance under these Sections will cease as far as the Insured Beneficiary is concerned.
- ii For Permanent Partial Disability listed in Table 1 of Section 1, the disability certified by the treating doctor would be considered for the claim process, up to the maximum percentage defined for each disability.
- iii If the Permanent Partial Disability is not listed in Table 1, then the disability percentage certified by the Government Civil Surgeon in India would be considered for the claim process.
- iv Any claim triggered under "Permanent Partial Disability" will reduce the respective Sum Insured under the Section
- v Total benefit paid under one or more of the events described under these Sections, would be limited to the Sum Insured as specified under respective Sections whichever is applicable

SECTION 3: REPATRIATION OF MORTAL REMAINS



What it means: This cover will pay fixed amount towards transportation necessary to return the deceased body/remains to his or her Place of Stay or to a nearby funeral or cremation facility.

If during the Period of Insurance, Insured Beneficiary sustains Accidental Bodily Injury which directly and independently of all other causes results in immediate Death of the Insured Beneficiary, the Company shall pay lumpsum amount as specified in the Certificate of Insurance to the Insured Beneficiary's Nominee or Legal Representative towards expenses incurred for repatriation of the remains of the Insured Beneficiary's body from the place of Accident to the Place of Residence in India stated in Certificate of Insurance or expenses incurred for the burial or cremation of the Insured in the place where the death has occurred.

Special Conditions:

- i. All arrangements for repatriation of remains must be approved in advance by Us.

SECTION 4: LIFESTYLE MODIFICATION BENEFIT

If during the Period of Insurance, Insured Beneficiary sustains Accidental Bodily Injury which directly and independently of all other causes results in Permanent Disability within twelve (12) months from the Date of Incident, then the Company agrees to pay the Sum Insured stated against this section in the Certificate of Insurance towards modifications of Insured Beneficiary's home and/or vehicle.

Special Conditions:

- i. The benefit will be payable in case claim under Permanent Total Disability or Permanent Partial Disability has been accepted by Us.
- ii. This benefit shall be payable only once over lifetime.

SECTION 5: CHILDREN EDUCATION BENEFIT

If during the Period of Insurance, Insured Beneficiary sustains Accidental Bodily Injury which directly and independently of all other causes results in Death or Permanent Total Disability within twelve (12) months from

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the Date of Incident, then the Company agrees to pay the Sum Insured stated against this section in the Certificate of Insurance towards the cost of education of Insured Beneficiary's dependent children.

Specific Conditions:

- i. The dependent child or children must be studying at an accredited educational institution on the date Insured Beneficiary met with an Accidental Bodily Injury resulting in Death/ Permanent Total Disability.
- ii. The age of dependent child or children should not exceed 21 years at the date of incidence.

SECTION 6: FRACTURE CARE BENEFIT



What it means: - This cover will pay a fixed amount for fracture and or dislocations occurred due to unfortunate Accidental Bodily Injury.

Scope of Cover:

If during Period of Insurance, the Insured Beneficiary sustains Accidental Bodily Injury which directly and independently of all other causes results in fracture(s) of bone(s), the Company shall pay a fixed percentage (as per Table 2: Fractures and Dislocations Benefit Schedule) of Fracture Care Sum Insured specified in the Certificate of Insurance to the Insured Beneficiary or their Nominee or Legal Representative.

For an Accidental Bodily Injury where more than one of the circumstances described in the Benefit Schedule occur, the Company will pay the benefit on a cumulative basis, provided the liability of the Company on a cumulative basis does not exceed the sum insured of this section.

Table 2: Fractures and Dislocations Benefit Schedule

Description	% of Sum Assured
A) Hip or Pelvis (excluding thigh or coccyx)	
1. Open Fracture of more than one bone	100%
2. Open Fracture of one bone	50%
3. Closed Fracture of more than one bone	25%
4. Closed Fracture one bone	15%
B) Thigh or Lower Leg	
5. Open Fracture of more than one bone	60%
6. Open Fracture of one bone	45%
7. Closed Fracture of more than one bone	25%
8. Closed Fracture one bone	15%
C) Elbows, Arm (including wrist but excluding Colles type fractures)	
9. Open Fracture of more than one bone	45%
10. Open Fracture of one bone	35%
11. Closed Fracture of more than one bone	20%
12. Closed Fracture one bone	15%
D) Colles type fracture of the lower arm⁸	
13. Open Fracture	25%
14. Closed Fracture	10%
E) Skull	
15. Fracture of the skull needing surgical Intervention	60%
16. Fracture of the skull not needing surgical Intervention	20%
F) Shoulder Blade, Rib(s), Knee cap, Sternum, Hand (excluding fingers and wrist), Foot (excluding toes or heel)	
17. Open Fracture	30%
18. Closed Fracture	15%
G) Spinal Column (Vertebrae but excluding coccyx)	
19. All compression fractures	40%
20. All spinous, transverse process of pedicle fractures	40%
21. Permanent Spinal Cord damage	40%

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22. All vertebral fractures	15%
H) Lower Jaw	
23. Open Fracture	25%
24. Closed Fracture	10%
I) Cheekbone, Clavicle, Coccyx, Upper Jaw, Nose, Toe(s), Finger(s), Ankle, Heel	
25. Open Fracture of more than one bone	15%
26. Open Fracture of one bone	12%
27. Closed Fracture of more than one bone	4%
28. Closed Fracture one bone	2%
J) Dislocations requiring surgery under anesthesia	
29. Spine	35%
30. Back (Excluding slipped disc)	35%
31. Hip	25%
32. Knee (Left or right)	20%
33. Wrist (Left or right)	15%
34. Elbow (Left or right)	15%
35. Ankle (Left or right)	10%
36. Shoulder blade (Left or right)	10%
37. Collarbone	10%
38. Fingers (Left or right hand)	5%
39. Toes (Left or right foot)	5%
40. Jaw	5%
K) Internal Injuries	
41. Internal injuries resulting in open abdominal or Thoracic Surgery	25%
42. Intracranial hemorrhage and/ or physical brain injury	25%

Note:

- "Open Fracture" is a fracture where the broken bone(s) penetrate(s) the skin.
- "Closed Fracture" is a fracture where the broken bone(s) does not penetrate the skin

SECTION 7: EMERGENCY HOSPITALIZATION EXPENSES FOR INJURY



What it means: In this coverage Insured Beneficiary can claim medical cost incurred from any admissible accidental injury

If during the Period of Insurance, Insured Beneficiary sustains Accidental Bodily Injury requiring Insured Beneficiary's hospitalization for a minimum period of 24 hours on the advice of a Doctor/ Medical Practitioner, The Company shall indemnify the Insured Beneficiary, for Usual, Reasonable and Customary expenses up to Sum Insured shown in the Certificate of Insurance. Medical expenses payable under this Section shall be:

- Room rent, boarding expenses
- Nursing
- Intensive care unit
- Consultation fees
- Anesthesia, blood, oxygen, operation theatre charges, surgical appliances
- Medicines, drugs and consumables,
- Diagnostic procedures,
- The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure.
- Physiotherapy expenses as recommended by the treating Doctor
- Day Care Procedures
- Pre-Hospitalization expenses incurred up to 5 days immediately before the Insured Beneficiary was hospitalized for same injury
- Post-Hospitalization expenses incurred up to 10 days immediately after the Insured Beneficiary was hospitalized for same injury

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Specific Conditions for Hospitalization Expenses for Injury:

- i. The treatment must commence within 24 hours from time of incident.
- ii. If Insured Beneficiary is hospitalized and treatment continues beyond Period of Insurance, the Company will indemnify hospitalization (including Post Hospitalization) expenses incurred up to 30 days beyond Period of Insurance if it is certified by treating Medical Practitioner.
- iii. Co-pay/Deductible as specified in Certificate of Insurance will be applicable to each claim.

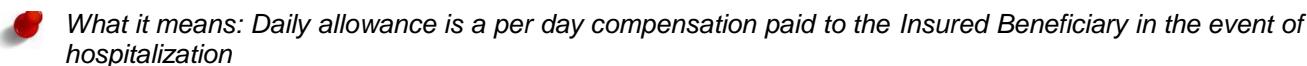
Extension 1 – Emergency Hospitalization Expenses for Sickness

On Payment of additional premium to the Company, We hereby agree and declare that we will extend Section 7 for the Insured Beneficiary's hospitalization because of Emergency Care required while on journey outside City of Residence for Sudden Sickness/Illness occurred during Period of Insurance up to the Sub-limit specified for this extension in the Certificate of Insurance.

Specific Conditions for Emergency Hospitalization Expenses for Sickness:

- i. The hospitalization must be outside City of Residence, immediate and treatment should commence within Period of Insurance
- ii. Hospitalization must be for a minimum period of 24 hours on the advice of a Doctor/ Medical Practitioner.
- iii. If Insured Beneficiary is hospitalized and treatment continues beyond Period of Insurance, the Company will indemnify hospitalization (including Post Hospitalization) expenses incurred up to 30 days beyond Period of Insurance if it is certified by treating Medical Practitioner.
- iv. Co-pay/Deductible as specified in Certificate of Insurance will be applicable to each claim.

SECTION 8: HOSPITAL DAILY ALLOWANCE FOR INJURY



If during the Period of Insurance, Insured Beneficiary sustains Accidental Bodily Injury requiring Insured Beneficiary's hospitalization for a minimum period of 24 hours on the advice of a Doctor/ Medical Practitioner, We will pay Insured Beneficiary Daily Allowance as stated in the Certificate of Insurance, for each continuous and completed period of 24 hours of Hospitalization subject to a maximum of days mentioned in the Certificate of Insurance.

Specific Conditions for Section 8 Hospital Daily Allowance for Injury:

- i. The treatment must commence within 24 hours from time of incident.
- ii. If Insured Beneficiary is hospitalized and treatment continues beyond Period of Insurance, the Company will pay daily allowance subject to a maximum of days mentioned in the Certificate of Insurance.
- iii. Deductible as specified in Certificate of Insurance will be applicable to each claim.

Extension 2- Emergency Hospital Daily Allowance for Sickness

On Payment of additional premium to the Company, We hereby agree and declare that we will extend Section 8 to pay Insured Beneficiary Daily Allowance for each continuous and completed period of 24 hours of Hospitalization subject to a maximum of days mentioned in the Certificate of Insurance, provided hospitalization is due to Emergency Care required while on journey outside City of Residence for Sudden Sickness/Illness occurred during Period of Insurance and on the advice of a Doctor/ Medical Practitioner .

Specific Conditions for Extension 2- Emergency Hospital Daily Allowance for Sickness:

- i. The hospitalization must be immediate and commence within Period of Insurance
- ii. If Insured Beneficiary is hospitalized and treatment continues beyond Period of Insurance, the Company will pay daily allowance subject to a maximum of days mentioned in the Certificate of Insurance.
- iii. Deductible as specified in Certificate of Insurance will be applicable to each claim.

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SECTION 9: EMERGENCY AMBULANCE COVER

 *What it means: It provides for medically necessary evacuation to a Hospital by an Ambulance*

If during the Period of Insurance, Insured Beneficiary sustains Accidental Bodily Injury or required Emergency Care for Sudden Sickness/Illness, the Company shall indemnify the Insured Beneficiary, for Usual, Reasonable and Customary expenses incurred for air or road ambulance services (as opted) offered by a healthcare or ambulance service provider up to Sum Insured shown in the Certificate of Insurance incurred for

- a. transferring the Insured Beneficiary to the nearest hospital from the spot of Accident or Sudden Sickness by an ambulance service offered by a healthcare or ambulance service provider
- b. for transferring the Insured Beneficiary from the Hospital where he/ she was admitted initially due to Accidental Bodily Injury or Sudden Sickness to another hospital with higher medical facilities in the same city/town/village and/or to a hospital in the Insured Beneficiary's City of Residence provided the treating doctor certifies that the severity or the nature of Injury warrants his/her transfer to another hospital and provided such transfer has been prior approved by the Company.

Options:

1. Road Ambulance
2. Air Ambulance

Specific Conditions:

- i Expenses for road and air ambulance transportation are restricted within India Only and for Emergency Care only.
- ii Transportation to the Insured Beneficiary's Place of Residence by ambulance after the discharge from hospital is excluded
- iii All ambulance arrangements must be by the most direct and economical route possible.
- iv Any medical Evacuation through Air undertaken without the consent of the Company shall be excluded.
- v Co-pay as specified in Certificate of Insurance will be applicable to each claim.

SECTION 10: OPD EXPENSES FOR INJURY

If during the Period of Insurance, Insured Beneficiary sustains Accidental Bodily Injury, requiring the Insured Beneficiary to immediately consult a Specialist Medical Practitioner on Out-Patient department basis, the Company shall indemnify the Insured Beneficiary up to the Sum Insured specified on the Certificate of Insurance, for Reasonable and Customary charges incurred towards:

- Medical Consultations
- Investigations related to the injury prescribed by the Specialist Medical Practitioner
- Medicines prescribed for treatment of the injury as prescribed by the Specialist Medical Practitioner

Extension 3- Emergency OPD Expenses for Sickness

On Payment of additional premium to the Company, We hereby agree and declare that we will extend Section 10 for the Insured Beneficiary's consultation with a Specialist Medical Practitioner on Out-Patient department basis due to Emergency Care required for Sudden Sickness/Illness occurred during Period of Insurance up to the Sum Assured for the maximum period specified in the Certificate of Insurance.

Specific Condition for Section and Extension:

- Co-pay/Deductible as specified in Certificate of Insurance will be applicable to each claim.

SECTION 11: COMPASSIONATE VISIT FOR INJURY

 *What it means: This cover pays for the transportation and accommodation expenses of one family member to meet the Insured Beneficiary when He/She is hospitalized while Insured Journey.*

If during the Period of Insurance, Insured Beneficiary sustains Accidental Bodily Injury which results in Insured Beneficiary's hospitalization, the Company shall reimburse the Insured Beneficiary up to the Sum Insured

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shown in the Certificate of Insurance for the actual cost of to and fro economy class ticket via Common Carrier and actual cost of accommodation of one family member or friend or relative of the Beneficiary.

Extension 4- Compassionate Visit for Sickness

On Payment of additional premium to the Company, We hereby agree and declare that if Insured Beneficiary is hospitalized because of Emergency Care required while on Insured Journey outside City of Residence for Sudden Sickness/Illness occurred during Period of Insurance, we will reimburse the actual cost of to and fro economy class ticket via Common Carrier and actual cost of accommodation of one family member or friend or relative of the Beneficiary.

Special Conditions:

- i. We will pay-
 - a. Provided no family member or relative or friend is there to attend to Beneficiary's medical emergency during His / Her visit and
 - b. Only if treating physician has advised necessity of the attendance of a family member up on Company's satisfaction on the reason provided and which is intimated to Us in writing before travel of Compassionate or relative and
 - c. If Insured Beneficiary is Hospitalized at a distance of at least 100 kilometers from his place of residence;
- ii. If Insured Beneficiary is hospitalized continuously beyond Period of Insurance then the Company shall pay for travel and accommodation expenses incurred within 15 days after Period of Insurance.
- iii. If one or more family member or relative or friend is travelling with Insured Beneficiary but none of them is able to take care of Him/Her due to their hospitalization.
- iv. The Insured Beneficiary can claim for Compassionate Visit once in entire Policy Period.

SECTION 12: REPLACEMENT AND REARRANGEMENT OF STAFF



What it means: -This cover pays for transportation and accommodation expenses for replacing Insured Beneficiary with a substitute so as to carry forward their work.

If during Period of Insurance, Insured Beneficiary is unable to carry out his/her occupational duties for a period of more than 10 days as a result of following contingencies:

- Accidental Injury leading to Death or Permanent Disability or
- hospitalization of Insured Beneficiary because of Accidental Injury for minimum 48 hours, or
- Death of a Family Member, or
- Insured Beneficiary's presence being required by judicial authority.

The Company shall reimburse Insured Beneficiary up to the Sum Insured shown in the Certificate of Insurance, for following expenses necessarily incurred to replace Him/Her by an employee or staff of their firm:

- Economy class to and fro travel expenses by the most economical route via Common Carrier of the replacement staff.
- The reasonable differential expenses incurred for the accommodation of the replacement staff in a Hotel of similar grade where Insured Beneficiary was staying before hospitalization,

Special Conditions:

- i. Insured Beneficiary must be on a business trip when above contingency arose.
- ii. "Insured Beneficiary's presence being required by judicial authority" must not be known before commencement of Insured Journey.
- iii. This Coverage shall cease immediately on Beneficiary's resumption of occupational duties or utilization of sum insured whichever is earlier.
- iv. If Insured Beneficiary is hospitalized continuously beyond Period of Insurance then the Company shall pay for travel expenses incurred within 15 days after Period of Insurance.
- v. Insured Beneficiary can claim for Replacement and Rearrangement of Staff once in entire Policy Period.
- vi. No claim shall be payable under this Section if the travel of replacement employee is already booked for travel prior to the accident of Insured Beneficiary.
- vii. Co-pay as specified in Certificate of Insurance will be applicable to each claim.

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EXTENSIONS APPLICABLE TO PART I: ACCIDENTAL AND SICKNESS CONTINGENCIES

Extension 5: Sporting Activities Cover

On Payment of additional premium to the Company, We hereby agree and declare that scope of Sections under Part I: Accidental and Sickness Contingencies and as opted are extended to cover the Insured Beneficiary while he/she engages in any sporting activity for training or participating in professional or semi-professional sports competitions in India provided this being declared beforehand in the proposal form and agreed by the Company:

Special Condition

- i. The Insured Beneficiary shall follow/adhere to all safety measures and guidelines laid down by the instructors/trainers/ coaches/ the organization conducting the sporting activities.
- ii. This extension shall be applicable only to the sections opted.

Extension 6: Adventure Sports Cover

On Payment of additional premium to the Company, We hereby agree and declare that scope of Sections under Part 1: Accidental and Sickness Contingencies (except for Replacement and Rearrangement of Staff) and as opted are extended to cover the Insured Beneficiary while he/she is engaged in adventure sports in a non-professional capacity and under the supervision of a trained professional.

Special Condition

- i. The Insured Beneficiary shall follow/adhere to all safety measures and guidelines laid down by the instructors/trainers/ coaches/ the organization conducting the adventure sports.
- ii. This extension shall be applicable only to the sections opted

PART II. TRIP CONTINGENCIES

SECTION 13: TRIP CANCELLATION

 *What it means: This cover will compensate Insured Beneficiary for costs that have been paid or are promised to be paid and cannot be recovered if His/Her trip is completely cancelled before it begins.*

What is covered:

Before Commencement of Insured Journey, in case of necessary and unavoidable cancellation of Beneficiary's insured trip, the Company shall indemnify Insured Beneficiary for the financial losses arising out of following:

- i. cancellation of accommodation,
- ii. cancellation of pre-booked events, tours, excursions and activities,
- iii. Travel charges

Which are paid or contracted to be paid by the Beneficiary and are not recoverable from any source, subject to limits shown in the Certificate of Insurance.

The Company shall indemnify Insured Beneficiary if His/her Trip is cancelled in the following ways:

A. Cancellation by the Travel Operator/ Service Supplier

The Company shall indemnify Insured Beneficiary up to the Sum Insured limits as mentioned in the Certificate of Insurance, in the event of cancellation of the trip by the travel operator due to the below reasons:

1. Inclement Weather conditions like Storm, Flood, Hurricanes, or Natural Disaster at the place of origin or destination.
2. Political Unrest, Travel prohibition at the place of origin or destination, declared by Government and or Airline Authorities.

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3. Bankruptcy or financial default of Travel Operator/ Service Supplier.
4. Terrorism.

B. Cancellation by Insured Beneficiary due to named perils

The Company shall indemnify Insured Beneficiary up to the Sum Insured limits as mentioned in the Certificate of Insurance, in the event of cancellation of the trip by Insured Beneficiary due to the below reasons:

1. Death of Beneficiary or His/Her family member
2. Serious injury or sudden sickness of Beneficiary or His/Her family member requiring minimum two days of hospitalization.
3. Inclement Weather conditions like Storm, Flood, Hurricanes, or Natural Disaster at the place of origin or destination.
4. Political Unrest, Travel prohibition at the destination, declared by Government and or Airline Authorities.
5. Insured Beneficiary's presence being required by judicial authority.
6. Involuntary loss of Job and or retrenchment

C. Any Reason Cancellation

The Company shall indemnify Insured Beneficiary up to the Sum Insured limits as mentioned on the Certificate of Insurance, in the event of cancellation of the Trip by Insured Beneficiary due to any reason.

Special Condition-

1. The specified Contingency must not be known/ publicly known before Policy Issuance date mentioned on Certificate of Insurance.
2. Event of Trip Cancellation should be prior commencement of "Insured Journey".
3. Loss of Job should not be due to any dishonesty or fraud on the part of the Insured Beneficiary or his/her willful violation of any rules of the employer or laws for the time being in force or any disciplinary action against the Insured Beneficiary by the employer. Job should not be casual, temporary, seasonal or contractual in nature.
4. Co-pay as specified in Certificate of Insurance will be applicable to each claim.

SECTION 14: TRIP DELAY

The Company shall pay fixed benefit per trip and up to number of trips as specified in the Certificate of Insurance, if the Scheduled Common Carrier on which Insured Beneficiary has booked to travel within India is delayed beyond time deductible mentioned in Certificate of Insurance than the original scheduled departure time during the Period of Insurance.

Option 1 – Named Perils

1. Inclement Weather conditions like Storm, Flood, Hurricanes, or Natural Disaster subject to the confirmation from Concerned Authority/ local newspaper; or
2. Strike or other job action by employees of Common Carrier booked by Insured Beneficiary
3. Equipment Failure of a Scheduled Aircraft or train including derailment of train.
4. Scheduled Aircraft or train is taken out of service due to technical reasons on the instructions of the civil aviation authority or railway authority or similar authority.

Option 2 – Any Reason Trip Delay

Trip Delay due to any reason

Specific Conditions:

1. We shall pay for maximum two claims per Insured Trip.
2. For the purpose of this Cover, the delay would be calculated as the difference between actual departure time and the scheduled departure time of the Common Carrier.

However, if the Common Carrier informs the Insured regarding the delay in the departure at least 6 hours or such time as mentioned in the Certificate of insurance, in advance, then the scheduled departure time would be considered as the revised time of departure as communicated and not the initial departure time as mentioned

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SECTION 15: DELAY OF CHECKED-IN BAGGAGE



What it means- This cover provides a fixed benefit in case the airline delays checked-in baggage of Insured Beneficiary beyond time deductible specified.

The Company shall pay amount as opted per trip as mentioned in the Certificate of Insurance in case Beneficiary's checked-in baggage is delayed beyond the time deductible as mentioned in the Certificate of Insurance.

Option 1: Payout Fixed Benefit basis

Option 2: Indemnity Basis: emergency purchase of toiletries, medication and clothing to replace those contained in the Checked Baggage

Specific Conditions:

- i On discovering the delay of Checked-in Baggage, Insured Beneficiary must obtain a relevant written confirmation from the Airline and submit the same to the Company / Claims Administrator in the event of a Claim.
- ii We shall not accept more than two claims per trip under this Benefit during the Travel Period.
- iii For this benefit delay will be calculated from date and time mentioned in Property Irregularity Report

SECTION 16: TRIP INTERRUPTION



What it means: This cover will compensate the Insured Beneficiary for costs that have been paid or are payable and cannot be recovered in case He/She had to change travel plans after the journey has commenced.

In case of necessary and unavoidable change of plans after commencement of the journey, the Company shall indemnify the Insured Beneficiary for the financial losses incurred within the Period of Insurance arisen due to His/Her early return towards following expenses

- cancellation of accommodation,
- cancellation of events, tours, excursions and activities,
- Travel charges including early flight for difference in air fare.
- En-route emergency accommodation
- Modification necessitated in the Common Carrier due to any Illness/Injury

-which are paid or payable by Insured Beneficiary and are not recoverable from any source, subject to limits shown in the Certificate of Insurance.

The Company shall indemnify Insured Beneficiary only if His/her Trip is interrupted due to the following conditions:

1. Death or Serious injury or sudden sickness of Insured Beneficiary or His/Her family member requiring minimum two days of hospitalization.
2. Inclement Weather conditions like Storm, Flood, Hurricanes, or Natural Disaster at the place of origin or destination.
3. Insured Beneficiary's presence being required by judicial authority.
4. Involuntary loss of Job and or retrenchment.
5. Political Unrest, Travel prohibition at the destination, declared by Government/ Concerned Authority.

Special Condition-

- 1) The specified Contingency must not be known/ publicly known before commencement of Insured Journey.
- 2) En-route emergency accommodation shall only be provided if you are travelling outside of City of residence for more than 100 Kms
- 3) Loss of Job should not be due to any dishonesty or fraud on the part of the Insured Beneficiary or his/her willful violation of any rules of the employer or laws for the time being in force or any disciplinary action against the Insured Beneficiary by the employer. Job should not be casual, temporary, seasonal or contractual in nature.

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SECTION 17: MISSED CONNECTION



What it means: To compensate for expenses related to not being able to board the connecting flight/train as per itinerary.

The Company shall pay a fixed benefit as mentioned in Certificate of Insurance in case Insured Beneficiary's failure to board the connecting flight/train as per itinerary, any time during the Trip within the Period of Insurance, arising out of and consequent upon the delayed arrival of the earlier flight/train caused due to the following reasons:

1. Inclement Weather conditions like Storm, Flood, Hurricanes, or Natural Disaster subject to the confirmation from Concerned Authority/ local newspaper; or
2. Strike or other job action by employees of Airlines or railways scheduled to be used by the Insured Beneficiary during his/her Trip; or
3. Equipment Failure of a Scheduled Aircraft or train including derailment of train.
4. Scheduled Aircraft or train is taken out of service due to technical reasons on the instructions of the civil aviation authority or railway authority or similar authority.
5. Act of terrorism

The Company's liability shall not exceed the Sum Insured stated in the Certificate of Insurance against Missed connection section.

Specific Condition Applicable to Missed Connection:

1. The Company shall pay under this section only if the scheduled time difference is more than 3 hours in case of "flight to flight" and 5 hours in case of "flight to train" or "Train to flight".
2. In case of Missed Connection where liability of the missing connecting leg has been accepted by Airlines/Railways and arranged an alternate transport, Company's liability in such case will be restricted to 10% of Sum Insured opted for Section "Missed Connection".

SECTION 18: TRIP EXTENSION



What it means- This cover will compensate in case Beneficiary's Trip is extended beyond original schedule due to listed reason incurred for accommodation and transportation.

The Company shall indemnify Insured Beneficiary for the costs of Hotel accommodation (of same grades) and difference in Airfare/Rail fare between original return ticket and new ticket of economy class Airfare and or Rail fare similar to originally booked for Insured Beneficiary up to the limits mentioned in the Certificate of Insurance if insured Trip is extended due to following:

1. Serious injury or sudden sickness of Insured Beneficiary/ His/Her family member requiring minimum two days of hospitalization
2. Inclement Weather conditions like Storm, Flood, Hurricanes, or Natural Disaster at the place of origin or destination
3. Political Unrest, Travel prohibition at the destination, declared by Government and or Concerned Authorities.

Special Condition-

1. The specified contingency must not be known/ publicly known before commencement of Insured Journey.
2. In case of any refund from Airlines Authority, shall be deducted from final admissible claim amount.

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SECTION 19: TRAVEL INCONVENIENCE COVER

A. MISSED EVENT COVER

The Company shall pay fixed amount mentioned in the Certificate of Insurance to the Insured Beneficiary if he/she fails to reach pre-specified event on or before the event scheduled time provided the Trip is started with an ETA plus Time Buffer prior to event's scheduled time as specified in Certificate of Insurance.

Special Condition for Missed Event Cover:

- The Company shall pay only if reasons are beyond the control of the Insured Beneficiary and respective transportation company
- Not more than one claim during Period of Insurance

B. OVERBOOKING COVER

The Company shall indemnify the Insured Beneficiary up to Sum Insured mentioned in the Certificate of Insurance in case of Travel Ticket Overbooking and/or Hotel overbooking (as opted) within the Period of Insurance for differential expenses incurred to book alternate Ticket/Hotel of the same class/grade.

Specific Conditions for Overbooking Cover:

1. The booking and overbooking must be confirmed by respective Service Provider in writing.
2. We shall not accept more than one claim under this Cover during the Policy Period.

C. SERVICE INCONVENIENCE COVER

The Company shall pay fixed benefit in case Service Provider fails to provide agreed or predefined travel services and/or any other associated/contingent services to Insured Beneficiary up to Sum Insured as mentioned in the Certificate of Insurance,

Special Condition-

1. Details of Agreed or Pre-defined Service(s) from Service provider need to be in written form either as physical copy (such as tickets, booking confirmation etc) or in electronic form (such as e-mail, e booking confirmation etc)
2. The Company shall pay if such inconvenience in service has been confirmed by respective Service Provider in writing.

PART III MISCELLANEOUS CONTINGENCIES

SECTION 20: LOSS OF PERSONAL BELONGINGS



What it means- This cover will compensate for the replacement cost in case of theft/ robbery of personal belongings like gadgets, baggage, money, documents, cards and checked-in baggage during insured Trip.

The Company shall indemnify Insured Beneficiary for the permanent and complete loss incurred during Insured Trip of below opted Personal Belongings due to insured Perils anywhere in India during the Period of Insurance.

A. LOSS OF PORTABLE EQUIPMENT

The Company shall indemnify Insured Beneficiary for the permanent and complete loss incurred during Insured Trip to Portable Equipment due to **theft, larceny, robbery or hold up** anywhere in India during the Period of Insurance.

Conditions Applicable-

1. The Insured Beneficiary must be in possession of the portable equipment during his/her Insured Journey

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2. Insured Beneficiary needs to submit documents evidencing His/Her ownership of the item(s) to the Company/ Claims Administrator.
3. In the absence of supporting bills, the maximum liability will not individually or in the aggregate exceed the 10% the Sum Insured or the amount claimed by the Insured Beneficiary whichever is lower.
4. We shall indemnify Insured Beneficiary for replacing the item(s) with value of the insured items as new less allowance for betterment, wear and tear and depreciation as per scale of depreciation shown below or the value which can be realized from the market for such insured item immediately before occurrence of loss whichever is lower.

Age of the item	Depreciation Percentage
Up to 180 days	15%
181 days to 1 year	25%
> 1 Year <= 2 Years	40%
> 2 Year <= 3 Years	50%
> 3 Year <= 4 Years	60%
> 4 Year <= 5 Years	70%
Above 5 Years	75%

5. In cases where the lost item has become obsolete, all costs necessary to replace lost item with a follow-up item of similar type and similar quality will be reimbursed subject to a maximum of 50% of the cost of the follow up model.
6. Company's maximum liability shall not exceed the Sum Insured stated in the Certificate of Insurance.

Extension 7- Accidental Laptop Damage Cover

On Payment of additional premium to the Company, We hereby agree and declare that scope of Section "Loss of Portable Equipment" is extended to cover actual loss incurred up to the amount specified in the Certificate of Insurance in relation to the permanent and total loss of the Insured Beneficiary's personal Laptop due to any Accident to the Common Carrier or e-commerce cabs in which the Insured Beneficiary is travelling.

This benefit under this Section shall be payable provided that:

- a. The Insured Beneficiary provides Us with a written proof of ownership or care, custody and control of the Personal Laptop;
- b. The Insured Beneficiary provides Letter issued by the Common Carrier or e commerce cabs taking full responsibility for the accidental damage of the Laptop
- c. Any amount payable under this Cover Benefit shall be adjusted for depreciation as per the percentage specified for Portable Equipment.

B. LOSS OF BAGGAGE

The Company shall pay Insured Beneficiary for complete loss of baggage excluding Portable Equipment, jewelry, valuables, documents and Cards during Insured Trip due to theft, larceny, robbery or hold up during Period of Insurance up to the Sum Insured as mentioned in the Certificate of Insurance.

C. LOSS OF DOCUMENTS AND CARDS

In the event of loss of Beneficiary's passport / Driving License/ PAN Card/ Aadhaar Card/ Debit and Credit Card during Insured Trip, the Company shall reimburse the expenses necessarily incurred by Beneficiary in obtaining a duplicate passport/ Driving License/ PAN Card/ Aadhaar Card/ duplicate Debit and Credit Card subject to maximum of Sum insured specified in Certificate of Insurance.

Specific Conditions Applicable:

Insured Beneficiary must provide receipts for all related costs incurred by Him/Her.

D. LOSS OF CHECKED-IN BAGGAGE

The Company shall pay Insured Beneficiary Sum Insured specified in the Certificate of Insurance in respect of the complete and permanent loss of His/Her Checked-In Baggage including contents therein during Insured Trip.

TRAVEL ACE- DOMESTIC (GROUP)

Specific Conditions Applicable to Loss of Checked-In Baggage

1. On discovering the loss of Checked-in Baggage, Insured Beneficiary must obtain a relevant property irregularity report (PIR) from the Airline and submit the same to the Company / Claims Administrator in the event of a Claim.

Company's liability shall not arise until liability is admitted by the Airline and supported by documentary proof issued by Airline.

SECTION 21: PERSONAL LIABILITY

 *What it means- The policy covers the costs incurred for which Insured Beneficiary is legally liable if He/She has caused loss or damage to property of third party.*

The Company shall indemnify Insured Beneficiary, subject to Sum Insured specified in Certificate of Insurance, for actual legal liability, including defense cost, incurred by Insured Beneficiary in His/Her private capacity to pay damages for Civil Claims arising out of third party's Accidental Bodily Injury or Accidental Property Damage occurring during an Insured Journey in the Period of Insurance.

Conditions Applicable to Personal Liability

1. Company's liability towards Insured Beneficiary will be determined by an Indian court of law or otherwise as mutually agreed between the Company and Beneficiary in advance.
2. In the event of any legal action taken against Beneficiary, He/She shall:
 - Give immediate written notice to the Company, and
 - Not incur any defense costs or expenses, admit liability for or settle or attempt to settle, make any admission or offer any payment or otherwise assume any contractual obligation with respect to any claim or claimant without the prior written consent from Company. Once the written consent is provided the Company shall be entitled (but in no case obligated) at any time:
 - to take over and conduct in Insured Beneficiary's name the defense and/or settlement of any action or claim,
 - to receive Insured Beneficiary's co-operation and assistance and
 - to appoint lawyers on Insured Beneficiary's behalf.

Any and all costs and expenses incurred by Company or the lawyers appointed by the Company shall be a first charge on the Sum Assured.

3. The Company shall not settle any claim without Beneficiary's express consent, but if He/She refuses an available settlement recommended by the Company then its liability shall thereafter be restricted to the amount by which the claim could have been settled by Us.

SECTION 22: LEGAL EXPENSES COVER

 *What it means- This cover pays prosecution cost for claiming damages or compensation against third party.*

The Company shall indemnify Insured Beneficiary / Insured Beneficiary's legal heir for prosecution cost incurred on claiming damages or compensation against third party responsible for Beneficiary's Accidental Bodily Injury/ Death occurring during an Insured Journey in the Period of Insurance up to amount stated in Certificate of Insurance for-

1. Nominating an appointed advisor
2. Prosecution costs for legal action on behalf of Insured Beneficiary / His/Her legal heir.

Conditions applicable to Legal Expenses Cover-

1. Insured Beneficiary / His/Her legal heir must keep the Company and the appointed advisor fully aware of all the facts and correspondence including any claim settlement offers made to Insured Beneficiary / His/Her legal heir.

TRAVEL ACE- DOMESTIC (GROUP)

2. The Company will not be bound by any promises or undertakings which Insured Beneficiary / His/Her legal heir give to the appointed advisor, or which Insured Beneficiary / His/Her legal heir give to any person about payment of fees or expenses, without our consent.

SECTION 23: ALTERNATIVE TRANSPORT AND EMERGENCY ACCOMMODATION EXPENSES COVER



What it means- This cover pays for alternate transportation taken to reach to Your destination or emergency accommodation required due to listed insured perils.

The Company shall reimburse the cost of expenses incurred for an alternate transport to ensure Insured Beneficiary reach on time to any event or prepaid travel/tour arrangements and/or for emergency hotel accommodation required up to the amounts mentioned in the Certificate of Insurance in event of happening of:

- Inclement Weather conditions like Storm, Flood, Hurricanes, or Natural Disaster
- Common Carrier or e-Cab Breakdown

due to which Insured Beneficiary is unable to complete their Insured Journey and has to alight from the Common Carrier or e-Cab before reaching the destination point.

Special Condition-

Our claim liability will be actual incurred expense on hotel accommodation and transportation deducting compensation received from Service Provider

SECTION 24: HIJACK COVER

If Insured Beneficiary is detained by hijackers following hijacking of any Aircraft in which He/She was travelling, the Company shall pay the Sum Insured specified in the Certificate of Insurance.

This need to confirmed and declared by government and or airlines authority.

SECTION 25: EXTENDED PET STAY COVER;



What it means- This covers expenses incurred by of Insured Beneficiary's for extended stay of their pet in a pet house while Beneficiary is travelling.

The Company shall pay per day allowance to Insured beneficiary for a maximum of 5 days for extended stay of Beneficiary's pet in the Registered Pet Boarding Service if Insured beneficiary's booked return journey is delayed for more than 24 hours beyond his/her arrival date to City of Residence due to:

1. Inclement Weather conditions like Storm, Flood, Hurricanes, or Natural Disaster at the place of origin or destination
2. Political Unrest, Travel prohibition at the destination, declared by Government and or Airline Authorities
3. Airline's acts of omission / commission or mechanical breakdown of the aircraft on which Insured Beneficiary was scheduled to travel on.
4. Serious injury or sudden sickness of Insured Beneficiary requiring minimum 24 hours of hospitalization.

Conditions applicable to Pet Stay Cover-

1. Insured Beneficiary needs to obtain written confirmation from appropriate transport or hospital authority stating the reason for delay & how long the delay lasted.
2. Insured Beneficiary must keep all receipts for fees paid to Registered Pet Boarding Service on account of such delay.

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SECTION 26: HOME BURGLARY AND THEFT



What it means – This cover pays for damages and/or losses caused by Burglary and theft at Insured Beneficiary's home

1. The **Company** will indemnify the **Insured Beneficiary** in respect of loss of or damage to the **Insured Premises** or **Contents** or any part thereof whilst contained in the **Insured Premises** caused by actual or attempted **Burglary and or Theft**.
2. The **Company** will also indemnify the **Insured Beneficiary** in respect of the loss of or damage to **Contents** not insured elsewhere caused by actual or attempted **Burglary** whilst temporarily removed from the **Insured Premises** and in transit as accompanied baggage anywhere in India to other premises to be used by the **Insured Beneficiary** or the **Insured Beneficiary's Family** as a temporary residence, or to other premises where the **Insured Beneficiary** shall have placed any **Contents** for the purposes of safe custody during the course of his temporary absence from the **Insured Premises**, provided that:
 - a. such absence does not exceed 120 days in the aggregate in any one **Policy Period**, and the liability of the **Company** in respect of removed **Contents** shall not exceed 10 % of the **Sum Insured** hereunder.

Basis of Loss Settlement for Burglary and Theft Cover

- a. Where the **Insured Premises** and/or **Contents** can reasonably be repaired or reinstated at a cost less than the replacement cost then the **Company** will indemnify the **Insured Beneficiary** in respect of the expenses necessarily incurred to restore the aforementioned to its state immediately prior to the happening of the actual or attempted **Burglary**.
- b. In the case of a total loss, the **Company** shall indemnify the **Insured Beneficiary** in respect of the restoration or replacement costs. The **Company** shall not be bound to reinstate or restore exactly or completely, but only as permitted by the circumstances and in a reasonably sufficient manner and to the state that existed immediately prior to the happening of the **Burglary**.
- c. First loss basis for this section: In the event of loss or damage if the replacement value of the property exceeds the total value declared to the Company, then the liability of the Company will be restricted to the first loss limit as specified in the Schedule under this section.

SECTION 27- STANDARD FIRE AND SPECIAL PERILS COVER

Coverage under this Section shall be as per Bajaj Allianz General Insurance Company Ltd. Bharat Griha Raksha Policy Wordings which is attached hereto as annexure.

Notwithstanding what is mentioned in these Policy Wordings, for the purposes of this Cover in case of contradiction of these Policy Wordings with the provisions of Bajaj Allianz General Insurance Company Ltd Bharat Griha Raksha Policy Wordings annexed hereto, then the Bajaj Allianz General Insurance Company Ltd Bharat Griha Raksha Policy Wordings which is attached hereto as annexure shall prevail over these Policy Wordings.

EXTENSION 8- PANDEMIC COVER

(Applicable to Sections Emergency Hospitalization Expenses for Sickness, Emergency Hospital Daily Allowance For Sickness, Emergency Ambulance Cover (Road Ambulance, Air Ambulance), Emergency OPD Expenses For Sickness, Trip Cancellation)

The Company shall indemnify Insured Beneficiary's Legal Heir(s) on death of Insured Beneficiary due to Pandemic against contingency(ies) covered in Opted Sections after Policy inception date and / or any time during the Trip (Insured Journey) whilst the policy is in force.

Note-

1. Pandemic also need to confirmed and declared by government of India.
2. Pandemic must not be known/ publicly known before commencement of Insured Journey.

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EXCLUSIONS APPLICABLE TO ALL SECTIONS

The Company shall be under no liability to make payment hereunder in respect of any Claim directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

General Exclusions to all covers

1. The Insured Beneficiary's participation in any naval, military or air force operations whether in the form of military exercises or war games or actual engagement with the enemy.
2. War, invasion, acts of foreign enemy, hostilities (whether war be declared or not), civil war, civil unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority.
3. The loss or destruction or damage to any property whatsoever or any loss or expenses whatsoever resulting or arising there from or any consequential loss directly or indirectly caused by or contributed to or arising from:
 - Ionising radiation or contamination by radioactivity 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 thereof, or Asbestosis or any related Sickness or Disease resulting from the existence, production, handling, processing, manufacture, sale, distribution, deposit or use of asbestos, or products thereof.
4. The Insured Beneficiary's actual or attempted engagement in any criminal or other unlawful act.
5. Any consequential losses.
6. Any loss outside India is excluded
7. The Insured Beneficiary engaging in air travel unless he flies as a passenger on an Airline. For the purpose of this exclusion, air travel means being in or on, or boarding an Aircraft for the purpose of flying therein or alighting there from following a flight.

Specific Exclusions

Exclusions Applicable To “Part I - Accidental and Sickness Contingencies”

The Company shall be under no liability to make payment in respect of any Claim directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following –

1. Any routine physical or other examination, vaccination, vitamins where there is no objective indication of impairment of normal health
2. Any routine dental examination, corrective treatment to previously fitted dental implants, bridge, caps prior to policy inception date, dental pain relief or treatment unless rendered necessary due to accidental injury requiring hospitalization.
3. The cost of spectacles, contact lenses,
4. Any medical Evacuation undertaken without the consent of the Insurer.
5. Any Claim arising when You are:
 - Travelling against the advice of a Physician; or
 - Receiving or on a waiting list for specified medical treatment declared in the Physician's report or certificate provided by You in Your proposal; or
 - Travelling for the purpose of obtaining treatment; or
 - Receiving treatment for a terminal medical condition
 - Routine medication which commenced before Your trip start
6. Any Pre-existing ailment or disease existing prior to the commencement of the Policy Period or Period of Insurance and or its related complications.
7. Suicide, attempted suicide or willful Self-inflicted injury or Illness.
8. Alcoholism, drunkenness or the abuse of drugs and or intoxicating substances.
9. Pregnancy, resulting childbirth, miscarriage, abortion, medical termination of pregnancy or complication arising out of any of the foregoing.
10. Any Fertility, sub fertility, impotence, assisted conception operation or sterilization procedure.
11. Whilst You are engaged in adventure sports unless opted for Adventure Sports Cover
12. Your participation in any sport activity unless opted for Sporting Activities Cover

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13. Expenses incurred due to Accidents as a driver/rider on motorized vehicles unless at the time of the Accident You are in possession of a valid driving license and while riding a two wheeler You are wearing a safety crash helmet.
14. Any Accident occurred due to lack of diligence in following the rules & regulations of local government authorities.
15. Losses arising directly or indirectly from hazardous activities involving self-exposure to needless peril (except in an attempt to save life)
16. Cost of Experimental, unproven or non-standard treatment.
17. Treatment by any other system other than modern medicine (also known as Allopathy).
18. Weight management services and treatment related to weight reduction programs including treatment of obesity and its complications.
19. Cosmetic surgery unless required due to accidental injuries.
20. Costs related to chiropractitioner,
21. Pandemic Diseases excluding Epidemic and Endemic. Pandemics are covered only if opted for Extension 8. Pandemic Cover
22. Death on account of treatment of any Sickness or disease or surgery of any kind except surgery as a result of accidental bodily injury.
23. Death on account of any claim directly or indirectly caused by or contributed to by nuclear weapons and/or materials.
24. Experimental, unproven or non-standard treatment.

25. Accidental Bodily Injury that the Insured Beneficiary meets with:
 - a. Through deliberate or intentional, unlawful or criminal act, error, or omission.
 - b. Whilst participating as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs.
 - c. As a result of any curative treatments or interventions that you carry out or have carried out on your body.
 - d. Arising out of your participation in any naval, military or air force operations whether in the form of military exercises or war games or actual engagement with the enemy, Whether foreign or domestic.
26. Insured Beneficiary's consequential losses of any kind or your actual or alleged legal liability.

Specific Exclusions Applicable to Section 13 of Part II Trip Cancellation Section C. Any reason cancellation:

1. Involuntary loss of Job due to any criminal activity, moral hazards, disciplinary action, non-performance and retirement.

Specific Exclusion Applicable to Section 14 of Part II ("Trip Delay")

The company will not pay for

1. Any delay due to a hazard which was made public or known to the Insured Beneficiary prior to the purchase of this policy or prior to booking of flight ticket .
2. For any delayed departure caused by strike or industrial action known to exist or was anticipated at the time the trip was booked.

Specific Exclusion Applicable to Section 15 of Part II ("Delay of Checked-in Baggage")

The company will not pay for "delay of Checked-in Baggage" while returning to "Home".

Specific Exclusions Applicable to Section 20 of Part III ("Loss of Personal Belonging")

1. Loss due to Beneficiary's negligence, or acting in a non-prudent manner, or leaving personal belongings unattended
2. Jewellery and Valuables.
3. Any kind of partial loss
4. Loss or theft which has not been reported to the Police within 24 hours of discovery.
5. Loss or damage caused by delay, wear and tear, moth, vermin, atmospheric or climatic conditions, deterioration or electrical or mechanical derangement of any kind.
6. Loss or damage caused by Spilled fluid from cosmetic or beverage containers whilst in the baggage.
7. Loss to Hired or borrowed property or equipment or Personal belongings entrusted to a third party.
8. Claims arising from confiscation or detention by customs or other law enforcement officials and authorities.
9. Items which have not been noted on the police report, or Property Irregularity Report

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10. Liability in respect of a pair or set of articles where we shall be liable only for the value of that part of the pair or set which is lost or damaged.
11. Loss or damage or theft of software or data or any other material including pictures stored in the Laptops, Mobile Phones, Cameras, I-pads, I-pods etc.
12. Property of the Insured Beneficiary which has been entrusted to a third party.
13. Any consequential loss or damage, loss of use, delay or loss of markets, loss of income, depreciation, reduction in functionality, or increased cost of working;
14. Loss arising out of mysterious disappearance of the Insured item.
15. Losses due to Beneficiary's willful acts or willful act of any other person with or without Beneficiary's connivance.

Exclusions Applicable to Section 21 of Part III ("Personal Liability")

1. Bodily Injury to and/or Property Damage to property belonging to the Insured Beneficiary's Family.
2. Any liability for Bodily Injury and/or Property Damage arising directly or indirectly from or due to:
 - i Livestock belonging to Insured Beneficiary or in His/Her care, custody or control;
 - ii Any willful, malicious, criminal or unlawful act, error, or omission;
 - iii The pursuit of any trade, business of profession, employment or occupation;
 - iv Ownership, possession or use of vehicles, aircraft or aerial devices, or watercraft or hovercraft;
 - v Due to Insured Beneficiary being involved in any other dangerous or hazardous activity;
 - vi Use or misuse of alcohol, any hallucinogenic substance, drugs (except those used as medically prescribed), or drug addiction;
 - vii Supply of goods or services;
 - viii Any form of ownership or occupation of land or buildings (other than occupation only of any temporary residence).
 - ix Any professional liability arising out of Insured Beneficiary's professional activities.

Exclusions applicable to Section 22 of part III ("Legal Expenses Cover")-

The Company shall not be liable to pay for any claim:

1. Trigger event should not be on account of Insured Beneficiary's involvement.
2. Reported to Us more than 48 hours after the event giving rise to the claim;
3. Where the cost of legal action could be more than the settlement; **unless** Insured Beneficiary takes all necessary measures towards expeditious disposal of the dispute.
4. Involving legal action between members of the same household, an immediate relative, against a travel agent, tour operator or carrier, the Company, another person insured by this policy or Company's agents.
5. Where legal costs and expenses incurred in pursuit of any claim against Us, Beneficiaries assistance or its agents, a person related to Beneficiary, or another Insured Beneficiary.

Exclusion applicable to Section 23 of part III ("Alternative Transport And Emergency Accommodation Expenses Cover")

1. If Insured Beneficiary failed to check in or reach to the transportation destination/pick up point within stipulated time
2. Non Scheduled Transport Arrangements which are from unscheduled transport services of passengers which operates without fixed and published Schedule at an hourly/ per mile / kilometer charge.

Exclusions applicable to Section 25 of Part III ("Extended Pet Stay Cover"):

Any consequential liability or expenses incurred on account of mishandling and/or improper care of pet.

Specific Exclusions Applicable to Section 26 of Part III ("Home Burglary and Theft")

The Company shall not be liable for and no indemnity is available hereunder in respect of:

- 1) Any consequential losses
- 2) Any loss or damage caused by actual or attempted Burglary and/or theft where the Insured Beneficiary or any member of the Insured Beneficiary's family is or is alleged to be concerned or implicated
- 3) Loss or damage to livestock, motor vehicles and pedal cycles

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- 4) Loss or damage to Valuables and/or jewellery and/or Precious Items, unless specifically stated in the Schedule.
- 5) If the Insured Beneficiary, his Family and/or his Domestic Staff is directly and / or indirectly in any way involved in or concerned with the actual or attempted Burglary.

For the purpose of this Section Family shall mean the Insured Beneficiary, Spouse, Children, Parents, Parents in Law, Grand Parents, Brothers and Sisters and other near relatives residing with the Insured Beneficiary at the Insured Premises.

GENERAL TERMS AND CONDITIONS - STANDARD GENERAL TERMS AND CONDITIONS

1. Duty of Disclosures:

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.

2. Conditions Precedent-

The due observance and fulfilment of the terms and conditions of the Policy, by the Insured Beneficiary, shall be a condition precedent to any liability of the Company to make any payment for claim(s) arising under the Policy.

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.

4. Complete Discharge

Any payment to the Insured Beneficiary or his/ her nominees or his/ her legal representative or to the Hospital/Nursing Home or Assignee, as the case may be, for any benefit under the Policy shall in all cases be a full, valid and an effectual discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

5. 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 Certificate of Insurance.
- iii The Company shall communicate to the Insured Beneficiary at the address or through any other electronic mode mentioned in the Certificate of Insurance.

6. Multiple Policies

1. In case of multiple policies taken by an Insured Beneficiary during a period from the same or one or more insurers to indemnify treatment costs, the Insured Beneficiary/policyholder shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer if chosen by the Insured Beneficiary//policy holder 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.
2. Insured Beneficiary/Policyholder 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(s) shall independently settle the claim subject to the terms and conditions of this Policy.
3. If the amount to be claimed exceeds the sum insured under a single policy after, the Insured Beneficiary/policyholder shall have the right to choose insurers from whom he/she wants to claim the balance amount.
4. Where an Insured Beneficiary has policies from more than one insurer to cover the same risk on indemnity basis, the Insured Beneficiary shall only be indemnified the hospitalization costs in accordance with the terms and conditions of the chosen policy.

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7. Fraud

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

Any amount already paid against claims which are found fraudulent later under this Policy shall be repaid by all person(s) named in the Certificate of Insurance, who shall be jointly and severally liable for such repayment.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Beneficiary or by his agent, with intent to deceive the Insurer or to induce the Insurer to issue a insurance Policy:—

- a) the suggestion ,as a fact of that which is not true and which the Insured Beneficiary does not believe to be true;
- b) the active concealment of a fact by the Insured Beneficiary 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/Policy on the ground of fraud, if the Insured Beneficiary / 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. Onus of disproving is upon the Insured Beneficiary/policyholder, if alive, or beneficiaries.

8. Nomination-

The Insured Beneficiary/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 Insured Beneficiary/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 Insured Beneficiary/policyholder, the Company will pay the nominee {as named in the Certificate of Insurance /Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the Insured Beneficiary/policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

9. 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. Claim Settlement (Provision of Penal Interest)

1. 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.
2. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the Insured Beneficiary/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.
3. 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.
4. 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)

5. If the Company, for any reasons decides to reject the claim under the Policy the reasons regarding the rejection shall be communicated to the Insured Beneficiary in writing within 30 days of the receipt of last necessary documents. The Insured Beneficiary may take recourse to the Grievance Redressal procedure stated under Policy.

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11. Terms and conditions of the Policy

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

12. Grievance Redressal Procedure

In case of any grievance the Insured Beneficiary 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/>

GENERAL TERMS AND CONDITIONS - SPECIFIC GENERAL TERMS AND CONDITIONS

1. Eligible Entry Age Limit :

1 day to Lifetime

2. Act of Terrorism:-

Policy will cover loss, damage arising out of opted covers in case of being an accidental victim of terror attack without active involvement in such Terrorist Activity of whatsoever nature.

3. Insured Beneficiary -

Only those persons named as the Insured Beneficiary in the Certificate of Insurance shall be covered under this Policy. Cover under this Policy can be withdrawn by any person/member upon such member/person giving 14 days written notice to be received by Us.

4. Policy Excess/Deductible

Policy excess for all coverages will be applicable as per Certificate of Insurance and will be applicable for each and every claim.

This implies for any claim the policy excess to be borne by the Insured Beneficiary. This applies for all benefits with policy excess stated in Certificate of Insurance.

5. Notifications of Claims-

Condition Precedent shall mean a policy term or condition upon which the Insurers Liability under the Policy is conditional upon:

1. In respect of any claim under section 1,2 and 3 , the Insured Beneficiary or if deceased, his legal heirs or other legal representative, shall notify the Insurance Company/ Claims Administrator within 14 days from the date of loss and provide him with the name of the Physician, the name and telephone numbers of the hospital at which treatment is being obtained, and the fact or matter giving rise to the need for medical treatment, and any other documentation or information that might be required or requested by the Insurance Company/ Claims Administrator of the Company.

2. You or someone claiming on Your behalf must inform Us in writing immediately within 48 hours of hospitalization in case of emergency hospitalization.

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3. For intimation of Hospitalization please use our miss call facility by dialing the number mentioned on the Certificate of Insurance, this will help us to assist You better. You can also write an email to travel@bajajallianz.co.in. Emergency hospitalization to be notified within 24 hours or as soon as possible before discharge.
4. For all other Claims, the Insured Beneficiary shall notify the Insurance Company / Claims administrator of the company, immediately within 7 days from the date of loss, obtain mandatory claim documentation forms for completing the same on and submit to the Insurance Company / Claims Administrator of the Company, along with supporting invoices and any other documentation or information that might be required or requested by Insurance Company/ Claims Administrator of the Company.
5. Under any unavoidable circumstances if delay in communication to register claim or documentation submission may be condoned after valid reason received from Insured Beneficiary.
6. The Insured Beneficiary shall not admit any liability or make any offer or promise of payment without the prior written consent of the Company.
7. Time for filing claim form and evidence
 - a. Completed claim forms/ Documents and written evidence/ proof of loss, must be submitted to the Company or Claims Administrator of the Company within thirty (30) days from the date of such loss.
 - b. You or someone else claiming on Your behalf shall obtain and furnish Us or Claims Administrator of the Company with all original bills, receipts, and any other documentation upon which a claim is based, at Your cost and shall also give Us or Claims Administrator of the Company in a timely fashion such additional documentation, information and assistance we may require for adjudication of the claim.
 - c. In absence of the requisite documents and/or revert from You within 60 days from date of intimation / loss, we would assume that You are not interested in pursuing the claim and accordingly we would be constrained to close the claim.

6. List of Claim documents:

PART I- Common Claim Documents Required for all claims		
1	Claim Form (to be filled and signed by Insured Beneficiary)	
2	NEFT form and Cancelled cheque (in case of admissible claim) stating Insured Beneficiary's (nominee in case of death claim) Claimant Indian Bank account details (In case of admissible claim)	You can contact us on our toll free numbers, or email us at travel@bajajallianz.co.in to obtain a Claim procedure and related documents.
4	Receipts of Invoices and Bills provided in support of Claim amount (In case of admissible claim)	

SECTION	Name of Cover	Sub Cover/Extension	Documents required
PART I. ACCIDENT AND SICKNESS CONTINGENCIES			
Section 1	Personal Accident	Death	1. Copy of FIR (filed with the local police authorities) 2. Medical records/Consultation Papers/Investigation Reports in case any hospitalization. 3. Death certificate/Post Mortem report in case its conducted (In case of Death) 4. Certificate from Civil surgeon certifying the extent and percentage of disability (For Disability related claims) 5. Local Medical Officer's (Family Physician's) details. 6. Final medical fitness certificate from treating doctor
		Permanent Total Disability	
		Permanent Partial Disability	

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Section 2	Accidental Death & Disability- Common Carrier (AD&D)		stating the type of disability, disability period and declaration that patient is fit to resume his duty on given date(For Disability related claims)
Section 3	Repatriation Of Mortal Remains		Specific to Repatriation of Mortal Remains 1. Death certificate/Post Mortem report/ Certificate of embalmment in case its conducted
Section 4	Lifestyle Modification Benefit		Specific for Children Education Benefit-> 1. Kindly provide bonafide certificate from the school authorities stating that son of MR ----- is studying over there.(Mentioning - Name, S/O, date of birth & class, School Identity Card) or Birth Certificate
Section 5	Children Education Benefit		
Section 6	Fracture Care Benefit		1. Medical certificate stating the extent and location of the fracture from the consulting doctor 2. All X-Ray / Investigation reports and films supporting to fracture
Section 7	Emergency Hospitalisation Expenses For Injury		Common Documents for Section 8 to Section 14 along with Extension 2 to Extension 6.
Extension 1	Emergency Hospitalization Expenses for Sickness		1. Attending Physician Statement (to be filled and signed by treating doctor) 2. Medical records/Consultation Papers/Investigation Reports 3. Original Discharge summary for hospitalization
Section 8	Hospitalization Daily Allowance For Injury		
Extension 2	Hospitalization Daily Allowance For Sickness		Specific to Sporting Activities Cover 1. Certificate of participation from Sports event organizer/service provider 2. Pre participation fitness certificate for Mountaineering, skiing, rock climbing, sky diving and parachuting 3 Certificate from the treating physician mentioning the nature of the Injury.
Section 9	Emergency Ambulance Cover	Road/ Air Ambulance	
Section 10	OPD Expenses For Injury		
Extension 3	Emergency OPD Expenses for Sickness		
Section 11	Compassionate Visit For Injury		Specific to Compassionate Visit 1. Original travel tickets / bills and receipts mentioning the actual expenses of the travel with the date of booking & date of travel 2. Original bills and receipts of Accommodation 3. Doctors Certificate advising necessity of attendant
Extension 4	Compassionate Visit for Sickness		
Section 12	Replacement And Rearrangement Of Staff		Specific to Replacement and Rearrangement of Staff 1. Documents supporting and proving eligible contingency incurred. Original travel tickets / bills and receipts mentioning the actual expenses of the travel with the date of booking & date of travel
Extension 5	Sporting Activities Cover		2. Original bills and receipts of Accommodation 3. Doctors Certificate advising necessity of attendant 4. Letter of any Indian court, and similar authority like police stating the presence of Insured Beneficiary in India
Extension 6	Adventure Sports		

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Trip Contingencies			
Section 13	Trip Cancellation		<p>Specific to Cancellation by the Traveller due to named perils-</p> <ol style="list-style-type: none"> 1. Hospitalization discharge summary/consultation papers of Insured Beneficiary/ his/her family members if applicable. 2. Death Certificate in case of cancellation of trip due to death 3. All bills and payment receipts towards transportation and lodging and event tickets if applicable 4. Certificates from respective Travel Operator/ Service Supplier regarding cancellation charges if applicable. 5. Letter from the respective Travel Operator/ Service Supplier stating reason for cancellation (if applicable) 6. Letter for compensation from the respective Travel Operator/ Service Supplier mentioning the reason and details of compensation given 7. Court Order (if applicable) 8. Involuntary loss of Job and or retrenchment certificate from the organization (as applicable) <p>Specific to Cancellation by the Travel Operator/ Service Supplier-</p> <ol style="list-style-type: none"> 1. Letter from Travel Operator, Service Supplier or Hotel or Event/Activity Organizer mentioning reason for Cancellation and compensation received if any. <p>Specific to Any Reason Cancellation</p> <ol style="list-style-type: none"> 1. All bills and payment receipts towards transportation and lodging and event tickets if applicable 2. Letter for compensation from the respective Travel Operator/ Service Supplier mentioning the reason and details of compensation given
Section 14	Trip Delay	Option 1 – Named Perils Option 2 – Any Reason Trip Delay	Letter from the airlines stating reason and duration of delay Letter from the airlines stating duration of delay
Section 15	Delay Of Checked-In Baggage		<ol style="list-style-type: none"> 1. Copies of Boarding Pass/Ticket/Baggage Tags 2. Copies of correspondence with the Airline authorities/others certifying the delay & actual date and time of delivery of baggage. 3. PIR report (Property Irregularity Report) (to be obtained from the airline authorities). 4. Emergency purchase bills/ receipts
Section 16	Trip Interruption		<ol style="list-style-type: none"> 1. Hospitalization discharge summary/consultation papers of Insured Beneficiary/family member if applicable. 2. All bills and payment receipts. 3. Death certificate in case of death 4. Court Order as applicable 5. Involuntary loss of Job and or retrenchment certificate from the organization if applicable

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			<p>6. Letter for compensation from the respective agency mentioning the reason and details of compensation given</p>
Secti on 17	Missed Connection		<p>1. Letter from the airlines stating reason for delay and duration of delay. 2. Letter from the Railway authority stating reason for delay / Proof of Delay from government authorized website/communication and duration of delay. 2. Ticket Itinerary</p>
Secti on 18	Trip Extension		<p>1. Hospitalization discharge summary/consultation papers of Insured Beneficiary/family member if applicable. 2. Original travel tickets / bills and receipts mentioning the actual expenses of the travel with the date of booking & date of travel 3. accomodation bills and receipts mentioning the actual expenses of the hotel stay with the date of booking & date of stay 4. Confirmation Letter from Airlines if they have implemented Travel Prohibition</p>
Secti on 19	Trip Inconvenience Cover		.
A	Missed Event Cover		<p>1. Letter from the Service Provider stating confirmation for original ETA and Actual ETA with the documentary proof. 2. Ticket of Event with the date and time of event mentioned on it.</p>
B	Overbooking Cover		<p>1. Letter from the Service provider Preferred Partners stating confirmation and reason of Overbooking and details of compensation given (If any).</p>
	Ticket Overbooking		<p>2. Proof of confirmation from Service provider Preferred Partners with booking Details</p>
	Hotel Overbooking		<p>3. Bills/invoices and receipt raised against claim</p>
C	Service Inconvenience Cover		<p>1. Details of Agreed or Pre-defined Service(s) from Service provider 2. Letter from the Service provider stating confirmation and reason of Service Inconvenience.</p>
Secti on 20	Loss Of Personal Belongings		<p>1. Police/GRP/RPF report (FIR) for Theft , larceny , Robbery and hold up Claims (Kindly note that the loss has to be reported to the police/respective authorities within 24 hours of discovery) 2. Police/ GRP/RPF Final Investigation Report for Theft, larceny, Robbery and hold up Claims</p>
A		Loss Of Portable Equipment	

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Extension 7	Accidental Laptop Damage Cover		[Above 2 requirement shall not Mandatory in case of loss on board a cruise liner whilst it is sailing]
B		Loss Of Baggage	3. Purchase bills/ receipts 4. Incurred charges for replacement and its receipts/ proofs 5. "Property Irregularity Report" from the Carrier Airline/ Cruiser line.
C		Loss Of Documents And Cards	
D		Loss Of Checked-In Baggage	1. PIR report (Property Irregularity Report) (to be obtained from the airline authorities) 2. Letter from the airlines accepting the liability for loss 3. Proof of compensation received form airlines
Miscellaneous Contingencies			
Section 21	Personal Liability		1. Detailed self-explanatory note stating scenario arises in to third party loss 2. Court order or any judicial order received against the compensation. 3. Original Paid receipts if paid (hardcopy) in case of reimbursement claim 4. Invoices / Bills supporting the claim amount
Section 22	Legal Expenses Cover		1. Written statement narrating the incident of loss i.e. type of loss, causes, circumstances and the place 2. documentation and evidence to support Your claim, including photographic evidence
Section 23	Alternative Transport And Emergency Accommodation Expenses Cover		1. Copies of Boarding Pass/Ticket/Baggage Tags 2. Copies of correspondence with the Airline authorities/others certifying the delay/cancellation/diversion/shortening of trip & actual date and time of arrival. 3. Purchase bills/ receipts of alternate transport tickets 4. Letter from respective agency mentioning or confirming the refund charges and the reason for cancellation/delayed/ shortened /diverted Scheduled Transport Arrangement
Section 24	Hijack Cover		1. Letter from the airline clearly stating period of hijack and media coverage details.(e.g photograph, videos, newspaper cutting etc)
Section 25	Extended Pet Stay Cover		1. Receipts for fees paid to Pet house for the Insured Beneficiary's Pet stay beyond his/her arrival. 2. Proof of original arrival date and actual arrival date of Insured beneficiary. 3. Medical records in case of Insured Beneficiary's hospitalization
Section 26	Home Burglary And Theft		1. FIR/ copy of police report obtained within 24 hours of becoming aware of burglary/theft/Robbery. 2. Written statement narrating the incident of loss i.e. type of loss, causes, circumstances and the place. 3. Receipt of Purchase of items claimed under this benefit 4. Proof of Residence e.g light bill, Property Tax bills, Government Registered Rental agreement (for current period) etc

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Section 27	Standard Fire And Special Perils Cover		1. FIR/ copy of police report obtained within 24 hours of becoming aware of Fire. 2. Written statement narrating the incident of loss i.e. type of loss, causes, circumstances and the place 3. Receipt of Purchase of items claimed under this benefit.	
Extension 8	Pandemic Cover		Documents from respective claimed Sections shall be required.	
Any circumstantial document(s) required by Health Administration Team or claim processing unit while processing any claim apart from the documents stated above also need to be submitted by Insured Beneficiary.				

All documents related to claims should be submitted to:

Health Administration Team
 Bajaj Allianz General Insurance Co. Ltd
 2nd Floor, Bajaj Finserv Building
 Viman Nagar, Pune 411014
 Toll Free no: 1800 209 5858

Note: If the original documents are submitted with the other insurer, the Xerox copies attested by the other insurer should be submitted.

7. Assessments of Claim & Payment-

- i. No sum payable under this Policy shall carry interest.
- ii. We shall be under no liability to make payment in respect of any Claim until such time as the Insured Beneficiary has provided it and/or the Insurance Company / Claims Administrator with whatever documentation and/or information may be requested and established the quantum of any amount claimed to the Company's satisfaction.

8. Claims Procedures

Applicable for Emergency Hospitalization Expenses For Injury/ Emergency Hospitalization Expenses For Sickness

If You meet with any Accidental Bodily Injury or suffer an Illness that may result in a claim, then as a condition precedent to our liability, You must comply with the following.

i. 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:

- a. Prior to taking treatment and/or incurring Medical Expenses out of any Accidental Injury, at a Network Hospital, the Insured must call Us and request pre-authorization by way of the written form which the Company will provide. Waiver of this condition shall be considered by the Company in the event of emergency hospitalization arising out of accidental bodily injury.
- b. After considering the Insured Beneficiary's request and after obtaining any further information or documentation We have sought, the Company may if satisfied send to the Insured Beneficiary or the Network Hospital, an authorization letter. The authorization letter, the ID card issued to the Insured Beneficiary along with this Policy and any other information or documentation that the Company have specified must be produced to the Network Hospital identified in the pre-authorization letter at the time of Insured Beneficiary's admission to the same.

If the procedure above is followed, the Insured Beneficiary will not be required to directly pay for the Medical Expenses raised out of Accidental Bodily Injury, in the Network Hospital that the Company is liable to indemnify under Accidental Hospitalization Expenses Section and the original bills and evidence of treatment in respect of the same shall be left with the Network Hospital. Pre-authorization does not guarantee that all

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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. You shall, in any event, be required to settle all other expenses directly.

ii. Reimbursement Claim Procedure of All Sections

If the Insured Beneficiary meets with any Accidental Bodily Injury or emergency care for Sickness that may result in a claim, then as a condition precedent to our liability:

- a. Policyholder or the Insured Beneficiary or someone claiming on his/her behalf must inform us in writing immediately and in any event within 30 days from the date of the accident and submit all documents to us within 30 days from the date of intimation.
- b. Insured Beneficiary must immediately consult a Doctor and follow the advice and treatment that he recommends.
- c. Insured Beneficiary must take reasonable steps to lessen the consequence of Bodily injury.
- d. Insured Beneficiary should allow examination by our medical advisors if we ask for this.
- e. Policyholder or Insured Beneficiary or someone claiming on his/her behalf must promptly give us documentation and other information we ask for to investigate the claim or our obligation to make payment for it.
- f. In case of the Insured Beneficiary's death, someone claiming on his/her behalf must inform us in writing immediately and send us a copy of the post mortem report (if conducted) within 30 days.

*Note: Waiver of conditions (a) and (f) may be considered in extreme cases of hardship where it is proved to Our satisfaction that under the circumstances in which the Insured Beneficiary was placed, it was not possible for the Insured Beneficiary or any other person claiming on his/her behalf to give notice or file claim within the prescribed time limit.

iii. Claims Procedures (applicable for other sections)

- a. You or someone claiming on Your behalf must promptly notify the claim event immediately and submit the documents within 30 days from date of loss, give us documentation (written details of the quantum of any claim along with all supporting documentation as per the claims documents listed in respective section
- b. Your prompt submission of the required documents/information will enable the claim processing unit for assessment the claim

In order to expedite processing of the claim You must send the following documents immediately by fax to +91-20-30512207 or scan and email to us at travel@bajajallianz.co.in

13. Claim Settlement (Provision of Penal Interest)

6. 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.
7. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the Insured Beneficiary/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.
8. 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.
9. 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)

10. If the Company, for any reasons decides to reject the claim under the Policy the reasons regarding the rejection shall be communicated to the Insured Beneficiary in writing within 30 days of the receipt of last necessary documents. The Insured Beneficiary may take recourse to the Grievance Redressal procedure stated under Policy.

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9. Paying a Claim-

1. You agree that We shall only make payment when You or someone claiming on Your behalf has provided Us with necessary documentation and information.
2. We will make payment to You or Your Nominee. If there is no Nominee and You are incapacitated or deceased, We will pay Your legal heir, executor or validly appointed legal representative and any payment thus made, will be deemed as complete and final discharge of Our liability under the Policy.
3. On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per policy terms and conditions, we shall offer within a period of 30 days a settlement of the claim to the Insured Beneficiary. Upon acceptance of an offer of settlement by the Insured Beneficiary, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer.
4. If the Insurer, for any reasons decides to reject the claim under the policy the reasons regarding the rejection shall be communicated to the Insured Beneficiary in writing within 30 days of the receipt of documents. The Insured Beneficiary may take recourse to the Grievance Redressal procedure stated under condition no 30.

10. Cancellation-

Cancellation by Insured Beneficiary

I. Cancellation prior risk inception of Policy -

If Cancellation request received prior to Policy Start date/risk inception date mentioned in Certificate of Insurance -

1. Policies having premium less than INR 100 (Excluding GST) can be cancelled without any cancellation charges.
2. Policies having premium more than INR 100 (Excluding GST) can be cancelled with 10% of the premium amount or INR 50 (Excluding GST) whichever is lower to be received as administration charges and refund the balance amount.

II. Cancellation after risk inception date mentioned in Certificate of Insurance -

A. For Short Term Policies

No refund shall be applicable if Policy is to be cancelled on or after risk inception date/policy Start date mentioned in the Certificate of Insurance.

B. Cancellation for Annual Policies

Annual policies, may be cancelled any time by the Insured Beneficiary by giving 15 days' notice to the Company in which case the Insured Beneficiary would be entitled for refund of premium on short period basis as per the following scale:

Period in Risk	Premium Refund
Within 15 Days	85%
Exceeding 15 days but less than 90 days	65%
Exceeding 90 days but less than 180 days	45%
Exceeding 180 days but less than 270 days	20%
Exceeding 270 days but less than 365 days	0%

Cancellation by Us

1. We may terminate/cancel this Policy/certificate of Insurance on grounds of untrue or incorrect statements, misrepresentation, fraud, mis-description or non-disclosure of material facts in the proposal, personal statement, declaration and connected documents, or any material information having been withheld, or non-cooperation by You or any Insured Beneficiary or a claim being fraudulent or any fraudulent means or devices being used by the Insured Beneficiary anyone acting on Your behalf or on behalf of an Insured Beneficiary to obtain any benefit under this policy, upon 30 days' notice by sending an endorsement to Your address shown in the Policy Schedule and no refund of premium shall be made by the Company.

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2. The Company may cancel this insurance by giving at least 15 days written notice, and if no claim has been made then the Company shall refund a pro-rata premium for the unexpired Policy Period.

Common Conditions applicable-

1. However, if any claim has been made in any policy (Short term/ Annual policy) then no refund will be given for cancellation of Policy.
2. We shall have no liability to make payment of any claim which are incurred post cancellation of Policy.

14. Free Look Period –

- a. Single Trip Insurance - Free look period is not applicable.
- b. Annual Multi Trip Policy - You have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy provided no trip has been commenced. If You have any objections to any of the terms and conditions, You have the option of cancelling the Policy stating the reasons for cancellation and You will be refunded the premium paid by You after adjusting the amounts spent on stamp duty charges and proportionate risk premium.

You can cancel Your Policy only if You have not made any claims under the Policy.

All Your rights under this Policy will immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not applicable and available at the time of renewal of the Policy.

15. Entire Contract-

The Policy constitutes the complete contract of insurance. No change or alteration in this Policy shall be valid or effective unless approved in writing by the Company, which approval shall be evidenced by an endorsement on the Policy. No agent shall or has the authority to change in any respect whatsoever any term of this Policy or waive any of its provisions.

16. Reasonable Care-

The Insured Beneficiary shall take all reasonable and proper steps to safeguard and protect himself and his possessions against any fact, matter, circumstance or cause that might result in a Claim under this Policy, and shall not do or cause to be done anything that might enhance the likelihood of a Claim under this Policy (except in an attempt to save human life).

17. Revision/ Modification of the Policy-

There is a possibility of revision/ modification of terms, conditions, cover ages and/or premiums of this product at any time in future, with appropriate approval from IRDA. In such an event of revision/modification of the product, intimation shall be set out to all the existing Insured Beneficiary's at least 3 months prior to the date of such revision/modification comes into the effect.

18. Withdrawal of Policy-

There is possibility of withdrawal of this product at any time in future with appropriate approval from IRDAI, as We reserve Our right to do so with a intimation of 3 months to all the existing Insured Beneficiary's. In such an event of withdrawal of this product, at the time of Your seeking extension of this Policy, You can choose, among Our available similar and closely similar Travel insurance products. Upon Your so choosing Our new product, You will be charged the Premium as per Our Underwriting Policy for such chosen new product, as approved by IRDAI.

Provided however, if You do not respond to Our intimation regarding the withdrawal of the product under which this Policy is issued, then this Policy shall be withdrawn and shall not be available to You for any extension and accordingly upon Your seeking extension of this Policy, You shall have to take a Policy under available new products of Us subject to Your paying the Premium as per Our Underwriting Policy for such available new product chosen by You.

19. Claim Assistance-

In event of a claim, the Insured Beneficiary shall contact on our toll free numbers or email ids available on Policy Wording or Policy Schedule. We provide assistance through our In house Team or may seek assistance from our assistance partners.

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20. Migration of policy:

- The Insured Beneficiary can opt for migration of policy to our other similar or closely similar products at the time of renewal.
- The premium will be charged as per Our Underwriting Policy for such chosen new product, and all the guidelines, terms and condition of the chosen product shall be applicable.
- Suitable credit of continuity/waiting periods for all the previous policy years would be extended in the new policy, provided the policy has been maintained without a break.

21. Dispute Resolution (Applicable only in cases where this Policy is issued under Commercial Lines of Business)

"The Insurer and Insured may mutually agree and enter into a separate Arbitration Agreement to settle any and all disputes in relation to this Policy. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996."

Note : 1. Wherever this Policy is issued under retail lines of business, Arbitration clause shall not be applicable.

2. Arbitration clause shall not be applicable in case of Policies issued under commercial lines of business where Insured has specifically consented for no arbitration clause and no arbitration terms have been annexed to the Policy Schedule/Policy.

22. Transfer of Interest-

This Policy of Insurance is a Contract between the Company and the Insured Beneficiary. The Insured Beneficiary) shall not transfer, assign, alienate or in any way pass the benefits and/or liabilities to any other person, Institution, Hospital, Company or Body Corporate without specific prior approval in writing by a duly authorized officer of the Company. However, if the Insured Beneficiary(s) is permanently incapacitated or deceased, the legal heirs of Insured Beneficiary may represent him in respect of claim under the Policy.

23. 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 bagichelp@bajajallianz.co.in and for senior citizens to seniorcitizen@bajajallianz.co.in

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- 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

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
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, 1st floor, "Jeevan Shikha", 60-B,Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462 011. 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.	Orissa.

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Office Details	Jurisdiction of Office Union Territory, District)
Tel.: 0674 – 2596461 / 2596455 Email: bimalokpal.bhubaneswar@cioins.co.in	
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 – 4646394 / 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 / 24333678 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Puducherry Town 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 - 23237539 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). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD - Insurance Ombudsman Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 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,	Rajasthan.



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Office Details	Jurisdiction of Office Union Territory, District)
Jaipur - 302 005. Tel.: 0141 –2740363 / 2740798 Email: bimalokpal.jaipur@cioins.co.in	
ERNAKULAM – Insurance Ombudsman Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash,LIC Building, Opp to Maharaja's College,M.G.Road, Ernakulam - 682 011. Tel.: 0484 - 2358759 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, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 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 - 4002082 / 3500613 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, Mahrajganj, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar..
MUMBAI - Insurance Ombudsman Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800 / 27/ 29/ 31/ 32/ 33 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 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 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.
PATNA – Insurance Ombudsman Office of the Insurance Ombudsman,	Bihar, Jharkhand.

TRAVEL ACE- DOMESTIC (GROUP)

Office Details	Jurisdiction of Office Union Territory, District)
2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	
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- 24471175 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:

Council for Insurance Ombudsmen,
3rd Floor, Jeevan Seva Annexe,
S. V. Road, Santacruz (W),
Mumbai - 400 054.

E-mail: inscoun@cioins.co.in

Tel: 022 -69038800/69038812

Website: <https://www.cioins.co.in>

Annexure I:-

List 1: List of Non-Medical Items

SL No	Item	
1	BABY FOOD	Not Payable
2	BABY UTILITIES CHARGES	Not Payable
3	BEAUTY SERVICES	Not Payable
4	BELTS/ BRACES	Not Payable
5	BUDS	Not Payable
6	COLD PACK/HOT PACK	Not Payable
7	CARRY BAGS	Not Payable
8	EMAIL / INTERNET CHARGES	Not Payable
9	FOOD CHARGES (OTHER THAN PATIENT's DIET	Not Payable
10	LEGGINGS	Essential in bariatric and varicose vein surgery and should be
11	LAUNDRY CHARGES	Not Payable
12	MINERAL WATER	Not Payable
13	SANITARY PAD	Not Payable
14	TELEPHONE CHARGES	Not Payable
15	GUEST SERVICES	Not Payable
16	CREPE BANDAGE	Not Payable

TRAVEL ACE- DOMESTIC (GROUP)

17	DIAPER OF ANY TYPE	Not Payable
18	EYELET COLLAR	Not Payable
19	SLINGS	Not Payable
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS	Not Payable
21	SERVICE CHARGES WHERE NURSING CHARGES ALSO CHARGED	Not Payable
22	Television Charges	Not Payable
23	SURCHA RGES	Not Payable
24	ATTENDANT CHARGES	Not Payable
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Not Payable
26	BIRTH CERTIFICATE	Not Payable
27	CERTIFICATE CHARGES	Not Payable
28	COURIER CHARGES	Not Payable
29	CONVEYANCE CHARGES	Not Payable
30	MEDICAL CERTIFICATE	Not Payable
31	MEDICAL RECORDS	Not Payable
32	PHOTOCOPIES CHARGES	Not Payable
33	MORTUARY CHARGES	Not Payable
34	WALKING AIDS CHARGES	Not Payable
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
36	SPACER	Not Payable
37	SPIROMETRE	Not Payable
38	NEBULIZER KIT	Not Payable
39	STEAM INHALER	Not Payable
40	ARMSLING	Not Payable
41	THERMOMETER	Not Payable
42	CERVICAL COLLAR	Not Payable
43	SPLINT	Not Payable
44	DIABETIC FOOT WEAR	Not Payable
45	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
46	KNEE IMMOBILIZER/S HOULDER IMMOBILIZER	Not Payable
47	LUMBOSACRAL BELT	Not Payable
48	NIMBUS BED OR WATER OR AIR BED CHARGES	Not Payable
49	AMBULANCE COLLAR	Not Payable
50	AMBULANCE EQUIPMENT	Not Payable
51	ABDOMINAL BINDER	Not Payable
52	PRIVATE NURSES CHARGES - SPECIAL NURSING	Not Payable
53	SUGAR FREE Tablets	Not Payable
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)	Not Payable
55	ECG ELECTRODES	Not Payable
56	GLOVES	Not Payable
57	NEBULISATION KIT	Not Payable

TRAVEL ACE- DOMESTIC (GROUP)

58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT,	Not Payable
59	KIDNEY TRAY	Not Payable
60	MASK	Not Payable
61	OUNCE GLASS	Not Payable
62	OXYGEN MASK	Not Payable
63	PELVIC TRACTION BELT	Not Payable
64	PAN CAN	Not Payable
65	TROLLY COVER	Not Payable
66	UROMETER , URINE JUG	Not Payable
68	VASOFIX SAFETY	Not Payable

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

S. No.	Item
1	BABY CHARGES (UNLESS SPECIFIED /INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CARDLE CHARGES
6	COMB
7	EAU-DE-COLOGNE/ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPPER
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

TRAVEL ACE- DOMESTIC (GROUP)

35	INCTDENTAL EXPENSES / MtSC. CHARGES (NOT EXPLATNED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

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

S. 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	ARTHROSCOPE 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

S. No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALIZATION 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\DISINFECTION ETC
9	NUTTRITION PLANNING CHARGES - DIETICIAN CHARGES - DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH

TRAVEL ACE- DOMESTIC (GROUP)

12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION / STERILLIUM
17	GLUCOMETER & STRIPS
18	URINE BAG

Annexure 2

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 Oesophageal varicesSclerotherapy
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
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

TRAVEL ACE- DOMESTIC (GROUP)

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	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	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	256 Epididymectomy
58 Surgery for cataract	257 Circumcision for Trauma
59 Treatment of retinal lesion	258 Meatoplasty
60 Removal of foreign body from the posterior	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
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

TRAVEL ACE- DOMESTIC (GROUP)

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	299 Syme's amputation
101 Radical chemotherapy	300 Arthroplasty
102 Neoadjuvant radiotherapy	301 Partial removal of rib
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

TRAVEL ACE- DOMESTIC (GROUP)

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
146 Ureter endoscopy and treatment	346 SternomastoidTenotomy
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 Meatoectomy 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



TRAVEL ACE- DOMESTIC (GROUP)

175 Ventriculoatrialshunt	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	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 empyaema 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'sOesophagus	387 Ureterocoele repair - congenital internal
186 ERCP and papillotomy	388 Vaginal mesh For POP
187 Esophagoscope and sclerosant injection	389 Laparoscopic Myomectomy
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	

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.