

Preamble

TATA AIG General Insurance Company Limited (**We, Our or Us**) will provide the insurance described in this **Policy** and any endorsements thereto for the **Policy Period** as defined in this **Policy**, to the **Insured Person(s)** named in the **Policy Schedule** based on the **Disclosure to Information Norm**, including in reliance upon the statements contained in the **Proposal Form** which shall be the basis of this **Policy** and are deemed to be incorporated herein in return for the receipt of the required premium in full and compliance with all the applicable terms, conditions and exclusions of this **Policy**.

The insurance provided under this **Policy** is only in force for the **Insured Person** with respect to such and so many of the benefits as are indicated by the **Sum Insured** set opposite such benefit in the **Policy Schedule**. This **Policy** will only be in force if the **Policy Schedule** is signed by a person authorized by the **Company**.

Definitions

We use certain words in this **Policy** and the **Policy Schedule**, which have a specific meaning and are shown under the heading of Definitions in the **Policy**. They have this meaning wherever they appear in the **Policy** or the **Policy Schedule**. Where the context so permits references to the singular shall also include references to the plural and references to the male gender shall also include references to all genders, and vice-versa in both cases.

i. Standard Definitions

1. **Accident** – means sudden, unforeseen, and involuntary event caused by external, visible and violent means.
2. **Condition Precedent** - means a **Policy** term or condition upon which the Insurer's liability under the **Policy** is conditional upon.
3. **Congenital Anomaly** - means a condition which is present since birth, and which is abnormal with reference to form, structure or position.
 - a. **Internal Congenital Anomaly** - **Congenital Anomaly** which is not in the visible and accessible parts of the body.
 - b. **External Congenital Anomaly** - **Congenital Anomaly** which is in the visible and accessible parts of the body.

4. **Deductible** - is a cost sharing requirement under a health insurance **Policy** that provides that the Insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the Insurer. A **Deductible** does not reduce the **Sum Insured**. The **Deductible** is applicable per event under the **Policy**.
5. **Dental Treatment** - means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.
6. **Disclosure to information norm** - The Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, misdescription or non-disclosure of any material fact.
7. **Day Care Centre**- means any institution established for **Day Care Treatment** of **Illness** and/or **Injuries** or a medical setup with a **Hospital** and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under –
 - i) has qualified nursing staff under its employment;
 - ii) has qualified medical practitioner/s in charge;
 - iii) has fully equipped operation theatre of its own where surgical procedures are carried out;
 - iv) maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
8. **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 **Hospitalisation** of more than 24 hours.

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

9. **Intensive Care Unit (ICU)** - 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.
10. **Illness** - means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
 - a) **Acute Condition** - is a disease, **Illness** or **Injury** that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/**Illness**/**Injury** which leads to full recovery.
 - b) **Chronic Condition** - is defined as a disease, **Illness**, or **Injury** that has one or more of the following characteristics:
 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 of 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.
11. **Injury** - means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a **Medical Practitioner**.
12. **Medical Advice** - means any consultation or advice from a **Medical Practitioner** including the issuance of any prescription or follow-up prescription.
13. **Medical Expenses** - means those expenses that an **Insured Person** has necessarily and actually incurred for medical treatment on account of **Illness** or **Accident** on the advice of a **Medical Practitioner**, as long as these are no more than would

have been payable if the **Insured Person** had not been insured and no more than other **Hospitals** or doctors in the same locality would have charged for the same medical treatment.

14. **Medically Necessary** - means any treatment, tests, medication, or stay in **Hospital** or part of a stay in **Hospital** which
 - is required for the medical management of the **Illness** or **Injury** suffered by the **Insured Person**;
 - must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - must have been prescribed by a **Medical Practitioner**;
 - must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
 15. **Notification of Claim** - means the process of intimating a claim to the insurer or **Assistance Company** through any of the recognized modes of communication.
 16. **OPD treatment** - means the one in which the **Insured Person** 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 Person** is not admitted as a day care or in-patient.
 17. **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.
 18. **Subrogation** - means the right of the **Company** to assume the rights of the **Insured Person** to recover expenses paid out under the **Policy** that may be recovered from any other source.
 19. **Surgery** - means manual and / or operative procedure (s) required for treatment of an **Illness** or **Injury**, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a **Hospital** or **Day Care Centre** by a **Medical Practitioner**.
- ii. Specific Definitions**
20. **Age** - means completed years of the **Eligible Family Member** as at the **Policy Period Start Date**.

21. **Assistance Company** - means the service provider mentioned in the **Policy Schedule** to provide travel related emergency and defined assistance services as specified in the **Policy**.
22. **Adventure Sports (Hazardous Sports, action sports, aggro sports, extreme sports or any such name)** means any sport or activity, which is dangerous to the **Insured Person** whether he/she is trained, or not. These activities shall be considered to be hazardous irrespective of the safety precautions taken while undergoing these activities/sports. Such sport/activity includes, but is not limited to, marathons, abseiling, adventure racing, animal conservation/ game reserve, archery, base jumping, bicycle touring, big game hunting, blackwater rafting, biathlon, BMX stunt/ obstacle riding, bobsleighing/ using skeletons, bouldering, boxing, bullfighting, canyoning, bungee jumping, cave tubing/ cave diving, caving/ pot holing, clay pigeon shooting, climbing /trekking or expeditions above the height of 7500 ft above sea level walking for more than 10 kms cross channel, swimming, cycle racing, cyclo cross, drag racing, dry/desert/dune skiing/bashing, endurance testing, fencing, field hockey, flying as a pilot, free diving/ no limits driving, gaelic football, gliding, gymnastics, hang gliding, heptathlon, harness racing, heli skiing/ boarding, high diving (above 5 meters), horse racing, horse riding and jumping, hot air ballooning, hunting on horseback, hunting/shooting, hurling, ice and street hockey, ice climbing, ice skating, ice speedway, jet boating, jet skiing, jousting, judo, karate, kayaking, kendo, kite skiing, kite surfing/land boarding/ buggyng, lacrosse luge/ tobogganing, luging, manual labour, marathon running, martial arts, micro – lighting, modern pentathlon, motor cycle racing (all types), motor rallying, mountain biking, mountain boarding, mountain running, mountaineering/ rock climbing, orienteering (involving climbing), parachuting, paragliding/ parapenting, parasailing, parascending (over land and water), parkour/parcours/free running, piloting aircraft or learning to pilot an aircraft, point to point, polo, power boat racing, powerlifting, quad biking/all terrain vehicles, rifle range shooting, river boarding, river boardings, river bugging, rock scrambling, rodeo, roller hockey, rugby, running of the

bulls, safari tours, sail boarding (racing/high speed/extreme), sailing, sand boarding, scuba diving, shark feeding/cage diving, skate boarding, ski acrobatics, ski doo ski jumping, ski racing, sky diving, small bore target shooting, snorkeling, snow mobiling, snow skiing, snowboarding, speed trials/time trials, steeple chasing, surfing, team sports played in competitive contest, tomb stoning/cliff diving/quarry diving, trial bike riding, triathlon, tubing on snow, tubing, wakeboarding, war games(non-armed forces), water skiing or water ski jumping, weight lifting, wrestling, white or black water rafting, white water kayaking, wind surfing, yachting, zip line, zorbing and hydro-zorbing and similar hazardous sports, action sports, aggro sports, extreme sports or activities of similar nature, by whatever name called.

23. **Common Carrier** - means any civilian land or water conveyance or scheduled aircraft operated under a valid license for the transportation of ticketed passengers/passengers for hire.
24. **Day** - means a period of 24 consecutive hours.
25. **Eligible Children** - means named dependent children including adopted and step children of the **Insured Person** between **Ages** three (3) months and twenty five (25) years who are unmarried, who permanently reside with the **Insured Person**, and receive the majority of maintenance and support from the **Insured Person**.
26. **Eligible Family Member** - means the **Insured Person** and/or the **Insured Person's Spouse** and/or, the **Insured Person's Eligible Children** and/or, **Insured Person's** parents and parents-in-law.
27. **Hospital** - means any institution constituted and registered as a facility for the care and treatment of ill and injured person as **Inpatient** and which:
 - has qualified nursing staff under its employment round the clock;
 - is not primarily a clinic, nursing, rest or convalescent home, a home for the aged, a place for the treatment of alcoholism or drug addiction or an institution for mental or behavioural disorder;

- has qualified **Medical Practitioner(s)** in charge round the clock;
 - has full facilities for diagnosis, a fully equipped operation theatre of its own where surgical procedures are carried out; and
 - maintains daily records of patients and makes these accessible to the **Company's** authorized personnel.
28. **Hospitalisation** - means admission in a **Hospital** for a minimum period of 24 consecutive **Inpatient** hours.
29. **Immediate Family Member** - means an **Insured Person's Spouse**, children, siblings, parents, parents-in-law, and step-parents.
30. **Inpatient / IPD**- means treatment for which the **Insured Person** has to stay in a **Hospital** for more than 24 hours for a covered event.
31. **Insured Journey/Trip.**
 - **Insured Journey/Trip** under "**Single Trip**" shall mean one journey/trip to a destination outside of India during the **Policy Period**, the details of which are specified in the **Policy Schedule**. Under **Single Trip**, the **Insured Journey** commences when the **Insured Person** starts his journey from his **Usual Place of Residence in India** for onward overseas journey and terminates when he returns to his **Usual Place of Residence in India** or the **Policy Period End Date**, whichever is earlier.
 - **Insured Journey/Trip** under "**Annual Multi Trip**" shall mean each journey /trip which commences when the **Insured Person** starts his journey from his **Usual Place of Residence in India** for onward overseas journey and terminates when he returns to his **Usual Place of Residence in India** or the **Policy Period End Date**, or completes the maximum duration per **Trip** as mentioned in the **Policy Schedule**, whichever is earlier. **Annual Multi Trip** shall allow **You** to undertake one or more **Insured Journeys/Trips** to a destination outside of India during the **Policy Period**, the details of which are specified in the **Policy Schedule**.

32. Insured Person -

- For Single Trip - means the **Eligible Family Member** above the **Age** of three (3) months and for whom an individual **Proposal Form** for insurance has been received and accepted by **Us** and as mentioned in the **Policy Schedule**
- For Annual Multi-trip - means the **Eligible Family Member** between the **Age** of twelve (12) to eighty (80) years and for whom an individual **Proposal Form** for insurance has been received and accepted by **Us** and as mentioned in the **Policy Schedule**.

33. Life Threatening Condition means a medical condition suffered by the **Insured Person**, which is potentially fatal, and if left untreated can lead to death. It should have all the following characteristics:

- Markedly unstable vital parameters (blood pressure, temperature and respiratory rate)
- Acute impairment of one or more vital organ systems (involving brain, heart, lungs, liver, kidneys and pancreas)
- Critical care being provided, which involves high complexity decision making to assess, manipulate and support vital system function(s) to treat single or multiple vital organ failure(s) and requires interpretation of multiple physiological parameters and application of advanced technology
- Critical care being provided in critical care area such as coronary care unit, intensive care unit, respiratory care unit, or the emergency department

34. Physician / Medical Practitioner - means a person who holds a valid registration and entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license. The attending **Physician / Medical Practitioner** will not be (a) the **Insured Person** or (b) **Your Immediate Family Member** or c) anyone who is living in the same household as the **Insured Person**.

35. Policy - means these insurance policy wordings, the **Policy Schedule, Proposal Form**, endorsements and any annexures which form a part of the policy contract and shall be read together.

36. **Policy Period** - means the time during which this **Policy** is in effect. Such period commences from the **Policy Period Start Date** and ends on the **Policy Period End Date** and which is specifically mentioned in the **Policy Schedule**.
37. **Policy Period End Date** - means the date on which the **Policy Period** expires.
38. **Policy Period Start Date** - means the date on which the **Policy Period** commences.
39. **Policy Schedule** - means **Policy Schedule** attached to and forming part of this **Policy** evidencing cover under the **Policy**, and mentioning the details of the **Insured Person(s)** who are covered along with the coverages, limits, conditions, the **Sum Insured** applicable in respect of each benefit/Section, the **Policy Period** to which the coverages under the **Policy** are subject to.
40. **Pre-existing Condition** - means any condition, ailment or **Injury** or related condition(s) for which **You** had signs or symptoms, and / or were diagnosed, and / or received **Medical Advice**/ treatment, and / or had known existence thereof prior to the issuance of the **Policy** (in case of Single **Trip**)/ or commencement of each **Trip** within the **Policy Period** (in case of Annual Multi **Trip**).
41. **Proposal Form** - means the basis of this **Policy** and is deemed to be attached and which forms a part of this **Policy**.
42. **Scheduled Airline** - means any civilian aircraft operated by a civilian scheduled air carrier holding a certificate, license or similar authorization for civilian scheduled air carrier transport issued by the country of the aircraft's registry, and which in accordance therewith flies, maintains and publishes tariffs for regular passenger service between named cities at regular and specified times, this includes regular and/or chartered flights operated by such carrier.
43. **Spouse** - means **Your** husband or wife.
44. **Sum Insured** - means the amount specified in the **Policy Schedule** against each Section which is in force under this **Policy** which represents Our maximum total and cumulative liability for any and all claims made in respect of an **Insured Person** under that Section, except Section 1. For Section 1, the

Sum Insured will mean the amount specified in the **Policy Schedule** against Section 1, which represents our maximum liability in aggregate for all claims arising during the **Policy Period** out of **Same Illness/Injury**. For the purpose of this definition **Same Illness / Injury** shall mean any **Illness/Injury** with its subsequent complications/treatment/hospitalizations/relapse which shall be considered as one episode/loss for the purpose of this Policy.

45. **Travelling Companion** - means named person(s) who is/ are booked to accompany **You** on the **Trip**.
46. **Travelling Companion 's Immediate Family Member** – means the **Travelling Companion 's Spouse** and/or children between **Ages** three (3) months and twenty- five (25) years.
47. **Usual Place of Residence in India**- means the place where the **Insured Person** usually lives in India as mentioned in the **Policy Schedule**.
48. **We, Us, Our, Company** - means TATA AIG General Insurance Company Limited.
49. **You/Your/Yourself** - means the **Insured Person(s)** who is named in the **Policy Schedule**.

Benefits Covered under the Policy

The **Policy Schedule** will specify the benefits/Sections that are in force for the **Insured Person(s)** during the **Policy Period**.

All claims shall be payable subject to the terms, conditions and exclusions of the Policy and subject to availability of the **Sum Insured** under the respective benefit/Section. Each claim or series of claims arising out of the same event, including the same **Injury** or **Illness**, in respect of an **Insured Person** shall be payable subject to any applicable **Deductible** and sublimits as specified against the benefit/Section in the Policy Schedule. Claims made under this Policy will be paid on an indemnity or fixed benefit basis, as specified in the benefits below and the Schedule of Benefits provided.

Coverage under this Policy shall be restricted to the **Geographical Scope** specified in the **Policy Schedule** for the **Insured Person**.

Section 1: MEDICAL EXPENSES – INJURY AND/OR ILLNESS

If during an **Insured Journey** while this **Policy** is in effect, **You** sustain an

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Injury or Illness , We will reimburse the Reasonable and Customary Charges in respect of the covered **Medical Expenses** during the **Hospitalisation or Day Care Treatment or OPD treatment** (including any tele-medicine). The payment of Medical Expenses shall be subject to the Sublimits specified for **Your** plan, as set out in the table below.

Conditions Precedent specific to this Section:

- a) In no event will benefits continue to be provided by **Us** for any covered **Medical Expenses** incurred after the **Policy Period End Date** or **Your** return to India, whichever is earlier. However, if **You** are still confined in a **Hospital** overseas after the **Policy Period End Date**:
 - and an Emergency Medical Evacuation (as set out below in this Section) is not appropriate, as recommended by the **Assistance Company**, and a continued treatment as an **Inpatient** in an overseas **Hospital** is **Medically Necessary**, **We** will continue to provide the benefits for covered **Medical Expenses** incurred till the date of **Your Hospital** discharge or 60 **Days** after the **Policy Period End Date**, whichever is earlier, upto the **Sum Insured** mentioned in the **Policy Schedule**.
 - and continued treatment as an **Inpatient** in a **Hospital** is **Medically Necessary**, and if **You** elect to undergo the treatment in India and **We/Assistance Company** approve the same then **We** will provide the benefits for covered **Medical Expenses** till up to 60 **Days** after coming back to India, upto the **Sum Insured** mentioned in the **Policy Schedule**.
- b) The **Deductible** in respect of this benefit, if any, will be applicable for same **Illness/Injury**, and shall be of an amount as mentioned in the **Policy Schedule**.
- c) The Sublimits are applicable for the **Age** of 56 years onwards as per table below. **You** can opt for plans with no Sublimits (Except Titanium and Titanium Plus)by paying additional premium.
- d) The Sublimits are applicable for same illness/injury in case of **Hospitalisation, Day Care Treatment and OPD treatment**
- e) The Sublimits under this benefit are not applicable for plans

of Schengen Countries (plans where Schengen Countries are

Sublimits applicable on IPD Treatment & Day Care Treatment and OPD	Plans			
	Silver, Silver Plus, Silver Plus- Plan A, Silver Plus-Plan B, Senior, Senior Plus and Super Senior	Gold, Gold - Plan A, Gold - Plan B	Platinum, Platinum - Plan A, Platinum -Plan B , Titanium	Titanium Plus
Hospital Room Rent and Boarding expenses	USD 1500 per Day up to 30 Days	USD 1750 per Day up to 30 Days	USD 2000 per Day up to 30 Days	USD 2500 per Day up to 30 Days
Emergency Room Services	USD 1500	USD 1750	USD 2000	USD 2500
ICU Charges	USD 3000 per Day up to 7 Days	USD 3250 per Day up to 7 Days	USD 3750 per Day up to 10 Days	USD 4000 per Day up to 10 Days
Surgical Treatment Expense	USD 12.5K for surgical treatment expense with an additional sublimit of 25% of surgical treatment for Anesthetist services	USD 13K for surgical treatment expense with an additional sublimit of 25% of surgical treatment for Anesthetist services	USD 15K for surgical treatment expense with an additional sublimit of 25% of surgical treatment for Anesthetist services	USD 22.5K for surgical treatment expense with an additional sublimit of 25% of surgical treatment for Anesthetist services
Physician consultation charges	USD 125 per Day upto 10 visits	USD 175 per Day upto 10 visits	USD 250 per Day up to 10 visits	USD 350 per Day up to 10 visits
Diagnostic Tests	Up to USD 750	Up to USD 1000	Up to USD 1500	Up to USD 2500
Ambulance Service (Not applicable)	Up to USD 500	Up to USD 600	Up to USD 750	Up to USD 1000

Pharmacy	Up to USD 2,000			
Miscellaneous Expenses	Up to USD 500			

mentioned in Geographical Scope)

Cases with package rates, where Individual line item billing are not

	Plans			
Sublimits applicable on IPD Treatment & Day Care Treatment and OPD	Silver, Silver Plus, Silver Plus- Plan A, Silver Plus- Plan B, Senior, Senior Plus and Super Senior	Gold, Gold – Plan A, Gold – Plan B	Platinum, Platinum – Plan A, Platinum -Plan B , Titanium	Titanium Plus
Surgical	USD 27,500	USD 30,000	USD 35,000	USD 45,000
Non Surgical (Medical management cases)	USD 13,000	USD 15,000	USD 17,500	USD 20,000

available, the below would be paid:-

Exclusions applicable to this Section:

In addition to the Specific Exclusions listed in this **Policy**, this Section shall not cover:

- Any **Pre-existing Condition** or any complication arising from it unless in case of **Life Threatening Condition** (Our maximum liability even in case of **Life Threatening Conditions** would remain restricted to the **Sum Insured** as mentioned in the **Policy Schedule**). The treatment for these emergency measures would be paid till the time **You** become medically stable or is relieved from acute pain. All further medical cost to improve or maintain medically stable state or to prevent the onset of acute pain would be borne by **You**;
- Services, supplies, or treatment, including any period of

confinement in **Hospital**, which were not recommended, approved, and certified as **Medically Necessary** by a **Physician / Medical Practitioner**;

- c) Routine physical or other examinations including but not restricted to laboratory diagnostic or X-ray examinations where there are no objective indications or impairment in normal health;
- d) Elective, cosmetic, or plastic **Surgery**, except as a result of an **Injury** caused by a covered **Accident** occurring while **Our Policy** is in force;
- e) **Dental Treatment** including treatment of a gum disease, dentures unless arising out of an **Injury**;
- f) Expenses incurred in connection with weak, strained, or flat feet, corns, calluses, or toenails;
- g) The diagnosis and treatment of acne;
- h) Surgical treatment undertaken for correction of Deviated nasal septum, including sub mucous resection and/or other surgical correction thereof, except as the result of **Accident**;
- i) Organ transplants that are considered experimental in nature;
- j) Child care including general medical examination and immunizations;
- k) Expenses which are not exclusively medical in nature;
- l) Any expenses incurred in India unless specifically provided elsewhere in the **Policy**;
- m) Eyeglasses, contact lenses, hearing aids, and examination for the prescription or fitting thereof;
- n) Treatment provided in a government **Hospital** or services for which no charge is normally made;
- o) Treatment for alopecia, loss of hairs, treatment for hair including hair transplant and laser treatments;
- p) Bone marrow transplants in blood disorders;
- q) Stem cell implantation/**Surgery**, harvesting, storage or any kind of treatment using stem cells;
- r) Routine medication or any other medication which started prior to **Your Trip**.

Definitions specific to this Section:

- a) **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.

- b) Surgical Treatment Expense** - Surgical Treatment Expense means operation room charges, surgeon's fees, cost of implants/appliances and anesthetist's fees.
- c) Hospital Room Rent and Boarding expenses** – means and includes a) Room rent which will not higher than Single private ; and b) general nursing care provided and charged by the **Hospital**.
- d) Emergency Room services** - means services provided to a patient in an emergency room and charged by the hospital
- e) Physician consultation charges** – Fees charged for Physician's consultation visit.
- f) Diagnostic Tests**- laboratory and/ or radiological examination tests including but not limited to clinical pathology, histopathology, x-ray, ultrasonography, CT scan, MRI scan.
- g) Ambulance Service** – means cost of medical transportation fees and services.
- h) Pharmacy** - pharmacy and consumable expenses
- i) Miscellaneous Expenses – Medical Expenses** for services and supplies which are not part of any other above given heads.

EMERGENCY MEDICAL EVACUATION

We will pay the **Reasonable and Customary charges** up to the **Sum Insured** as specified under Section 1: Medical Expenses- Injury and / or Illness, in the **Policy Schedule** for covered expenses incurred if **Injury** or **Illness** results in **Your** necessary **Emergency Medical Evacuation**. An **Emergency Medical Evacuation** must be approved by the **Assistance Company** and **Physician** who certifies that the severity or the nature of **Your Injury** or **Illness** warrants **Your Emergency Medical Evacuation**.

Any expenses incurred under **Emergency Medical Evacuation** will reduce the available **Sum Insured** for Section 1: Medical Expenses- Injury and / or Illness.

The covered expenses under this benefit are for **Transportation** and **Medical Expenses**, including medical services and medical supplies necessarily incurred in connection with **Your Emergency Medical Evacuation**. All **Transportation** arrangements made for evacuating **You** must be by the most direct and economical route possible. The need, mode and expenses for **Transportation** must be:

- (a) recommended by the attending **Physician**;

(b) authorized in advance by the **Assistance Company**.

Definitions specific to this Cover:

- a) **Emergency Medical Evacuation** means-
- Your** medical condition warrants immediate **Transportation** from the place where **You** are injured or ill to the nearest **Hospital** where appropriate medical treatment can be obtained; or
 - after being treated at a local **Hospital**, **Your** medical condition warrants **Transportation** to the residence in India from where the **Trip** commenced to obtain further medical treatment or to recover; or
 - Hospital** where **You** are admitted is not equipped enough or lack medical expertise and/or facilities required for further treatment and therefore **You** have to be shifted to a **Hospital** with required facilities and/or expertise and **Your** medical condition warrants **Transportation** to the **Hospital**;
 - or a combination of any of the above.

Note: Emergency Medical Evacuation cannot be availed for any **Injury** arising out of **Adventure Sports**.

- b) **Transportation** – means any land, water or air conveyance required to transport **You**. **Transportation** includes, but is not limited to, air ambulances, land ambulances and private motor vehicles.

Section 2. REPATRIATION OF MORTAL REMAINS

In the unfortunate event of **Your** death, **We** will reimburse for **Covered Expenses** reasonably incurred to repatriate **Your** body from the place of death overseas to **Your Usual Place of Residence in India**, as mentioned in the **Policy Schedule**, in case of the death results from an **Injury** or **Illness** during the **Insured Journey**.

All repatriation of mortal remains arrangements must be approved in advance by the **Assistance Company**.

Definitions specific to this Section:

Covered Expenses: Means expenses for:

- embalming;
- cremation;

- c) coffins; and
- d) transportation.

In case the cremation happens overseas i.e. country of visit, **We** will pay a fixed benefit of USD 2500 under this cover.

Section 3. ACCIDENTAL DEATH AND DISABLEMENT (OVERSEAS)

3.1 Accidental Death

If **You** suffer an **Injury** solely and directly due to an Accident which occurs whilst on the **Insured Journey** overseas, and which solely and directly results in **Your** death within 365 **Days** from the date of the **Accident** then **We** will pay to **Your** nominee or legal heir, the **Sum Insured**.

The **Sum Insured** paid by the **Company** under this benefit will be reduced of any other amount paid/payable under Section 3.2: Disablement Cover.

Once a claim has been accepted under this benefit then further coverage under the **Policy** shall immediately and automatically cease in respect of that **Insured Person**.

Disappearance

We will pay the **Sum Insured**, if **Your** body cannot be located within One (1) year after the forced landing, stranding, sinking or wrecking of a **Common Carrier** in which **You** were a passenger or as a result of any Acts of God occurring whilst **You** were on an **Insured Journey**, in which case it shall be deemed, that **You** shall have suffered loss of life within the meaning of the **Policy**.

Once a claim has been accepted under this benefit and **Sum Insured** has been paid then further coverage under the **Policy** shall immediately and automatically cease in respect of that **Insured Person**.

3.2 Disablement Cover

If **You** suffer an **Injury** solely and directly due to an Accident which occurs during the **Policy Period** and whilst **You** are on the **Insured Journey** which solely and directly results in **Your** continuous and permanent disablement within 365 **Days** from the date of the **Accident** then **We** will pay, the percentage of the **Sum Insured** specified in the table below against such type of disablement.

If **You** suffer more than one of the following types of disablement as a result of the same **Accident**, then **We** will add the percentages payable in respect of all such types of disablements provided that in no event will the **Company** be liable to pay more than 100% of the **Sum Insured** for this benefit/section.

Once a claim has been accepted under this benefit and **Sum Insured** has been paid then further coverage under the **Policy** shall immediately and automatically cease in respect of that **Insured Person**

Type of Disablement	Percentage (%) of Sum Insured
● Irrecoverable loss of sight of both eyes	100%
● Physical separation of or the irrecoverable loss of ability to use both hands or both feet	100%
● Physical separation of or the irrecoverable loss of ability to use one hand and one foot	100%
● Irrecoverable loss of sight of one eye and the physical separation of or the irrecoverable loss of ability to use either one hand or one foot.	100%
● Loss of toes – all	20%
● Loss of great toe	5%
● Other than great toe, if more than one toe lost, each	1%
● Loss of hearing – both ears	50%
● Loss of hearing – one ear	25%
● Loss of four fingers and thumb of one hand	40%
● Loss of four fingers	25%
● Loss of thumb	15%
● Loss of index finger	10%
● Loss of middle finger	6%
● Loss of ring finger	5%
● Loss of little finger	4%

"Loss" with regard to:

- a. Toe, finger, thumb means actual complete severance from the foot or hand.
- b. Hearing means entire and irrecoverable loss of hearing.

Exclusions applicable to this Section:

In addition to the Specific Exclusions listed in this **Policy** this Section shall not cover:

- i Any existing **Injury**/disability as on **Policy Period Start Date**, or any complication arising from it; and/or
- ii Claim which arises out of an **Accident** connected with the operation (including flying, mounting, dismounting) of an aircraft or which occurs during parachuting except when **You** are flying as a fare paying passenger.

The **Company**'s total liability for any and all claims admissible in aggregate under Section 3.1: Accidental Death and Section 3.2: Disablement Cover, shall not exceed the **Sum Insured** as mentioned in the **Policy Schedule** for Section 3: Accidental Death and Disablement (Overseas).

Section 4: EMERGENCY MEDICAL DENTAL EXPENSES

We will reimburse **You** for **Dental Benefits** taken , during the **Insured Journey**. We will also reimburse the expenses incurred for the same incident upto 30 **Days** from the date of first treatment, after the payment of the **Dental Benefits**.

Exclusions applicable to this Section:

In addition to the Specific Exclusions listed in this **Policy**, this Section shall not cover:

1. Treatment which could reasonably be delayed until **Your** return to the **Usual Place of Residence in India**; and/or
2. Any type of **Pre-existing Disease/Condition**.

Definitions specific to this Section:

- a) **Dental Benefits** – means expenses incurred for **Medically Necessary** filling of the tooth or surgical treatment, services, or supplies in case of **Immediate Dental Treatment**.
- b) **Immediate Dental Treatment** -means treatment commencing

within 24 hours of the time and date of the sudden acute pain first sustained or contracted during the **Insured Journey**.

Section 5: DELAY OF CHECKED-IN BAGGAGE

We will pay the **Sum Insured** as mentioned in the **Policy Schedule**, if **Your Checked-in Baggage** is delayed or misdirected by the **Common Carrier**, subject to the time based **Deductible** mentioned in the **Policy Schedule** from the time **You** arrive at the destination or return to India, as stated on **Your** ticket.

You must be a ticketed passenger on a **Common Carrier**. Additionally, all claims must be verified by the **Common Carrier** who must certify the delay or misdirection in writing.

Definitions specific to this Section:

- a) **Checked-in Baggage** - means a piece of baggage which was checked in and in the custody of a **Common Carrier** and for which a receipt has been issued to **You** by a **Common Carrier**.

Section 6: LOSS OF CHECKED-IN BAGGAGE

We will pay the **Sum Insured** as mentioned in the **Policy Schedule**, in the case of permanent loss of an entire piece of **Checked-in Baggage**, held in the care, custody and control of a **Common Carrier**, due to theft or misdirection by **Common Carrier** or due to non-delivery at its destination or while return to India, while **You** are a ticketed passenger on the **Common Carrier** during the course of an **Insured Journey**. The Benefits under this Section will only be payable in case of the loss of an entire piece of **Checked-in Baggage**, and not for damage to the baggage or partial loss of its contents. Additionally, all claims must be verified by the **Common Carrier** who must certify the permanent loss in writing.

Limitations specific to this Section:

- a) If upon further investigation it is later determined that **Your Checked-in Baggage** with the **Common Carrier** has been lost, any amount claimed and paid to **You** under Section 5: Delay of Checked-In Baggage, will be deducted from any payment due to **You** under this Section.

Exclusions applicable to this Section:

In addition to the Specific Exclusions listed in this **Policy**, this Section shall not cover:

- a) Loss of **Your Checked-in Baggage** sent in advance or souvenirs and articles mailed or shipped separately; and/or
- b) Any damage to the **Checked-in Baggage**.

Definitions specific to this Section:

- a) **Checked- in Baggage** - means a piece of baggage which was checked-in and in the custody of a **Common Carrier** and for which a receipt has been issued to **You** by a **Common Carrier**.

Section 7: LOSS OF PASSPORT

We will reimburse **You**, if **You** lose **Your** passport whilst on **Insured Journey** and incur necessary and reasonable expenses towards:

1. the prescribed fee payable to the concerned authorities for issue of an emergency certificate.
2. the cost for applying for the passport in India.

Our maximum liability for all expenses put together will be the **Sum Insured** mentioned against this cover in the **Policy Schedule**

Exclusions applicable to this Section:

In addition to the Specific Exclusions listed in this **Policy**, this Section shall not cover:

- a) loss of passport due to delay or from confiscation or detention by customs, police or other authority;
- b) loss which is not reported to the appropriate police authority within 24 hours of discovery of loss and an official report has not been obtained within 24 hours of **Your** becoming aware about the loss;
- c) loss or theft of passport that was left unattended by **You** unless kept in a locked safety deposit box in a locked hotel room or apartment; and/or
- d) Loss caused due to **Your** failure to take reasonable steps to guard against the loss of passport.
- e) Any loss arising in India.

Section 8: PERSONAL LIABILITY

We will indemnify **You** against **Your** actual legal liability including the defense costs (incurred with **Our** prior consent) which **You** have incurred or are liable to pay in **Your** personal capacity to a **Third Party** for the **Third Party's** bodily injury or property damage due to an incident during

Your Insured Journey.

The benefit is applicable subject to –

- a) **We** shall be entitled but not obligated to take over any legal suit or settlement or any action for which **You** are liable for.
- b) **We** shall not settle any claim without **Your** express consent but if **You** refuse an available settlement recommended by **Us**, then **Our** liability shall be restricted to such amount recommended by **Us**.

Exclusions applicable to this Section:

In addition to the Specific Exclusions listed in this **Policy**, this Section shall not cover:

- a) Liability which arises out of an intentional act of the **Insured Person** and the **Insured Person** had prior knowledge of the consequences that may arise because of such act;
- b) Liability arising out of or in connection with a business engaged in by the **Insured Person**. This exclusion applies but is not limited to an act or omission, regardless of its nature or circumstance, involving a service or duty rendered, promised, owed, or implied to be provided because of the nature of the business;
- c) Liability arising out of the rental or holding for rental of any part of any premises by the **Insured Person**;
- d) Liability arising out of the **Insured Person's Usual Place of Residence in India**;
- e) Liability arising out of the rendering of or failure to render professional services;
- f) Liability arising out of a premise, watercraft or aircraft that is owned by, rented to or rented by the **Insured Person**;
- g) Liability arising out of the ownership, maintenance, use, loading or unloading of motor vehicles, all other motorized land conveyances, watercraft or aircraft;
- h) Liability arising out of the transmission of a communicable Disease by the **Insured Person**;
- i) Liability arising out of sexual molestation, corporal punishment, or physical or mental abuse;
- j) Liability arising out of the use, sale, manufacture, delivery, transfer or possession by any person of a controlled substance

or contraband as defined by the appropriate authority or the Federal Food and Drug Agency or equivalent or similar organization;

- k) Liability under any contract or agreement;
- l) Property damage to property owned by the **Insured Person**;
- m) Property damage to property rented to, occupied, or used by or in the care of the **Insured Person**;
- n) Bodily **Injury** to any person eligible to receive any benefits voluntarily provided or required to be provided by the **Insured Person** under any worker's compensation law, non-occupational disability law or occupational diseases law, or similar law;
- o) Suits or legal actions arising from the **Insured Person's Immediate Family Member** or the **Travelling Companion** or the **Travelling Companion's Immediate Family Member** against the **Insured Person**;
- p) Any expense/defense cost/settlement/assume any obligation without taking consent from **Us**;
- q) Any claim arising out of livestock owned by the **Insured Person** or in his/her care, custody or control;
- r) Any liability arising out of any criminal act;
- s) Liability arising from intentional or willful acts of the **Insured Person** or illegal acts or resulting from the **Insured Person** committing any breach of law;
- t) Fines/ penalties/ punitive/ exemplary damages of any kind;
- u) Liability arising from the use of any motor vehicle, aircrafts, water crafts and other vehicles;
- v) Liability arising out of any infringement of intellectual property rights such as copyright, patent, trademark, registered designs, and trade secret.;
- w) Liability arising from any ownership or in relation with occupying of land or buildings.
- a) Any loss arising in India.

Definitions specific to this Section:

- a) **Third Party:** means any individual other than the **Insured Person** or his family or the **Immediate Family Members** or his **Travelling Companion** or **Travelling Companion's Immediate Family Member**.

Section 9: FLIGHT DELAY

We will pay the **Sum Insured**, in the event the flight, on which **You** are travelling is delayed from its time of scheduled departure by more time than the time based **Deductible** mentioned in the **Policy Schedule** during the **Insured Journey**.

If **You** come to know about the delay of flight or there is an announcement or communication by any official authority about the delayed departure, then the revised time will be considered as the scheduled departure time. This announcement or communication has to be five hours in advance from the original departure time to be considered as the scheduled departure time.

Exclusion specific to this Section:

In addition to the Exclusions listed in this **Policy**, this Section shall not cover:

- a) Any delay caused due to the late arrival of the **Insured Person**; and/or
- b) Any delay that is announced in advance, prior to five hours from the scheduled departure.

Section 10: TRIP CURTAILMENT

We will reimburse **You** the **Covered Expenses** incurred by **You** following necessary curtailment (shortening and / or alteration) of the **Insured Journey** and **You** have to directly return to **Your Usual Place of Residence in India**, due to:

- a. death of **Your Immediate Family Member**.
- b. natural disaster which has prevented **You** from continuing with the scheduled **Trip**.
- c. unexpected strike, riot or civil commotion which are beyond **Your** control.
- d. **You** are unable to continue the **Trip** due to **Illness, Injury** or death of the **Insured Person** or **Your Travelling Companion** or **Your Immediate Family Member** or **Your Travelling Companion's Immediate Family Member**.
- e. political disturbance, travel prohibition declared by the government or local authorities or airline authorities, which is not publicly known before the commencement of the **Trip**.
- f. **You** are called as a witness at any court of law in India.

- g. Involuntary loss of job and/ or retrenchment occurring which is first known to **You** after the commencement of the **Trip**.
- h. The aircraft which **You** boarded as a passenger is hijacked.

Exclusions applicable to this Section:

In addition to the Specific Exclusions listed in this **Policy** this Section shall not cover:

- a) Any of the covered causes for curtailment of the **Trip**, which were reasonably known to **You** prior to the booking date of **Your Insured Journey** or date of receipt of premium by **Us** whichever is later; and/or
- b) Involuntary loss of **Your** job due to any criminal activity, moral hazards, disciplinary action, non-performance, end of contract and retirement.
- c) Any loss arising in India.

Definition specific to this Section:

Covered Expenses:

- a) Non-refundable unused portion of travel or accommodation costs or additional accommodation and / or travel expenses (excluding telephone costs, meals, beverages, cash discount, cashback, discount coupon, airline miles or similar accrued benefits, if any)
- b) Any additional land or sea or air travel expenses (equivalent to the cost of economy class) or accommodation expenses reasonably incurred as a result thereof.

Section 11: TRIP CANCELLATION

We will reimburse the non-refundable travel ticket cost and / or accommodation costs (excluding any cash discount, cashback, discount coupon or airline miles or similar accrued benefits, if any), if prior to the scheduled departure from India for the **Trip**, **Your Trip** is canceled and **You** are prevented from taking the **Trip** from India due to:

- a) **Illness, Injury** or death of any of the following after **You** have purchased the **Policy**:
 - o **Insured Person**;
 - o his **Travelling Companion**;
 - o his **Immediate Family Member**; or
 - o his **Travelling Companion's Immediate Family Member**

For **Illness** and/or **Injury**, a **Physician** under whom the above-mentioned persons are in direct care must recommend that due to the severity of health condition, it is **Medically Necessary** or the circumstances surrounding that condition is/are such that an ordinarily prudent person must cancel the **Trip**.

- b) Pandemic situation as declared by the World Health Organization or by the appropriate authority in the country of visit has advised against the travelling to that country, after **You** have purchased the **Policy** but not more than thirty (30) **Days** prior to **Your Insured Journey**. Also, the severity should be such that an ordinarily prudent person must cancel the **Trip**.
- c) Catastrophic event at the place of residence or city of visit that occur after **You** have purchased the **Policy** but not more than thirty (30) **Days** prior to **Your Insured Journey**.
- d) Any event such as mass bandhs, or widespread strikes or terrorism at the place of residence or at the city of visit around the scheduled departure date that occur after **You** have purchased the **Policy** but not more than thirty (30) **Days** prior to **Your Insured Journey**.
- e) Political disturbance, travel prohibition declared by government or local authorities or airline authorities that occur after **You** have purchased the **Policy** but not more than thirty (30) **Days** prior to **Your Insured Journey**.
- f) **You** are called as a witness at a court of law in India for which **You** are informed after **You** have purchased the **Policy** but not more than fifteen (15) **Days** prior to **Your Insured Journey**.
- g) Involuntary loss of job and /or retrenchment occurring after **You** have purchased the **Policy**, which was not reasonably known to **You** on the date of purchase of the **Policy**, but not more than twenty-one (21) **Days** prior to **Your Insured Journey**.

Exclusions specific to this Section:

In addition to the Specific Exclusions listed in this **Policy**, this Section shall not cover:

- a) Any of the covered causes for cancellation of the **Trip**, which were publicly known prior to the booking date of **Your Insured**

Journey or date of receipt of premium by **Us**, whichever is later; and/or

- b) Involuntary loss of **Your** job due to any criminal activity, moral hazards, disciplinary action, non-performance, end of contract and retirement.

Section 12: MISSED FLIGHT/CONNECTION

We will reimburse **You** the non-refundable travel ticket costs (excluding cash discount, cashback, discount coupon, airline miles or similar accrued benefits, if any), if **You** miss any flight whilst on **Your Insured Journey** due to:

- a) **Accidental** of the vehicle which **You** used immediately prior to reaching airport.
- b) Mass bandhs/shutdowns or widespread strikes enroute the **Insured Journey** which is acknowledged / published by public authority, which **You** could not reasonably avoid or plan in time.
- c) delay in the flight in which **You** are travelling, immediately prior to the missed flight.

For admissibility of claim under this Section, it is a **Condition Precedent** that the missed flight/connection should be solely due to the reasons as mentioned above and the time gap between the scheduled arrival of the vehicle at the airport or the previous flight and scheduled departure of the missed flight/connection should be more than three (3) hours.

Section 13: BOUNCED HOTEL / AIRLINE BOOKING

We will reimburse **You** for the actual additional and reasonable expenses incurred by **You**, for booking alternative flight or accommodation arrangements in the event of the bounced booking of the pre-booked accommodation or pre-paid flight which forms part of **Your Trip**. Our liability will be towards the original travel destinations covered by the original ticket booking and regarding accommodation, in the same place of stay (within 10 kms) and for the same number of nights as booked in the original itinerary. Our liability will be to cover additional expense in the same class of air travel and same class of accommodation as per the original confirmed booking.

The **Deductible** in respect of this benefit will be applicable, if any, for each bounced booking separately.

Additional Conditions:

- **You** must reach airport or report to hotel at least 30 minutes prior to the reporting time of the airline and the accommodation provider.
- In case of flights, **You** are expected to have webchecked-in prior to **Your** arrival at the airport, if instructed by the operator to do so.
- **You** must be able to provide documentary evidence from the accommodation provider or the **Common Carrier** regarding the bounced booking.
- The overbooked portion of the hotel stay must include the first night stay.
- Post settlement of claim under this benefit, **We** will have a right to recover the additional amount incurred for alternate accommodation or flight from the respective service providers.

Exclusions applicable to this Section :

In addition to the Specific Exclusions listed in this **Policy**, this Section shall not cover:

- a) Any air tickets / hotel bookings which are allotted to airline staff / hotel staff or under any special travel industry employee scheme;
- b) Any air tickets / hotel bookings made after the commencement of the **Insured Journey**;
- c) **We** are not liable to pay the claim if the **Insured Person** fails to adhere to the rules/guidance/norms of the flight/ accommodation companies/providers;
- d) **We** are not liable to pay the claim if the **Insured Person** reports late to the airport or to the accommodation, against the rules of the respective service providers;
- e) Any waitlisted tickets or accommodation bookings;
- f) When the alternative accommodation or travel arrangements are provided within 6 hours of the bounced booking of the pre-booked accommodation or pre-paid flight by the respective service providers; and/or
- g) If **You** voluntarily opt to take delayed flight.
- h) Any loss arising in India.

Section 14: FRAUDULENT CHARGES

We will reimburse **You** for the unauthorized charges on **Your Eligible Card** for which **You** are responsible, upto twelve(12) hours prior to **Your**

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Registered Office: Peninsula Business Park, Tower A, 15th Floor, G.K. Marg,
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• **24x7 Toll Free No: 1800 266 7780 or 1800 22 9966** (Senior Citizen)

Email: customersupport@tataaig.com

Website: www.tataaig.com • IRDA of India Registration No: 108

CIN:U85110MH2000PLC128425 • Travel Guard Plus UIN: TATTIOP24162V012324

first reporting of the event to the issuer, if the charges are made on **Your Eligible Card** when it is **Lost or Stolen** whilst on an **Insured Journey**.

Conditions Precedent specific to this Section:

- a) We will only pay for **Unauthorized Charges** for which **You** are responsible under the terms and conditions of **Your Eligible Card**.
- b) You must report the loss or theft of **Your Eligible Card** to the issuer(s) within twelve(12) hours after discovering **Your Lost or Stolen Eligible Card** event.
- c) You must comply with all the terms and conditions under which **Your Eligible Card** is issued.
- d) You must submit evidence to **Us** that **Unauthorized Charges** were made from **Your** bank account or credit account.

Exclusions applicable to this Section:

In addition to the Specific Exclusions listed in this **Policy**, this Section shall not cover:

- a) **Unauthorized Charges** made on the **Eligible Card** that was **Lost or Stolen**, more than twelve (12) hours prior to **Your** first reporting the event to the issuer;
- b) In case **You** don't report the fraudulent transaction within twelve (12) hours to the issuer or any such time as prescribed by the issuer/bank, whichever is earlier;
- c) For any losses for which the issuer/bank is liable;
- d) Charges made on **Your Eligible Card** if **Your Eligible Card** has not been **Lost or Stolen**;
- e) Cash advances made with **Your Eligible Card** that was **Lost or Stolen**;
- f) Charges incurred by a resident of **Your** household, family member or **Travelling Companion** or by a person entrusted with **Your Eligible Card**;
- g) Any liability arising out of **Eligible Card** that was **Lost or Stolen**, except as provided under this benefit;
- h) Losses incurred in case **You** have shared **Your** Pin, OTP or any other negligence on **Your** part; and/or
- i) Additional losses that occur due to **Your** failure to comply with the provisions under "Duties after Loss" mentioned below under this benefit.

Definitions specific to this Section:

These are applicable only to this Section of the **Policy**:

- a) **Eligible Card** means an ATM card, credit card, charge card, forex card, prepaid card or debit card issued by a qualified financial institution (issuer) for personal use only carried by the **Insured Person** during the **Insured Journey**.
- b) **Lost or Stolen** means having been inadvertently lost or having been stolen by a third party without **Your** assistance, consent, knowledge or co-operation.
- c) **Unauthorized charges** mean those charges which are incurred on the **Eligible card** after the physical loss of the **Eligible Card** and without the knowledge or consent of the **Eligible card** holder, as per provisions, terms and conditions of **Eligible Card** issuer.

Duties after an Accident or Loss

For admissibility of claim under this Section, it is a **Condition Precedent** that:

- a) **You** shall call **Us** or provide written intimation to make a claim and obtain the proper forms and instructions within twelve(12) hours from discovering an unauthorized charge was made on **Your Eligible Card**.
- b) File an FIR within twelve(12) hours of discovering **Your Loss**.
- c) **You** shall complete and return any documents including but not limited to claim forms, FIR, demands, notices, Bank/ Card Statement and any other documents **We** may ask **You** to provide.
- d) **You** must get **Your Lost or Stolen Eligible Card** blocked within twelve (12) hrs. of the discovery of loss.
- e) The claims form and accompanying documents must be returned to **Us** within 7 **Days** of making the original claim.

Section 15: EMERGENCY EXTENSION OF THE POLICY

Whilst on an **Insured Journey**, **We** shall grant an extension of the **Policy Period** upto a period of **Days** as mentioned in the **Policy Schedule**, from the **Policy Period End Date**, if the extension is necessary, due to the following:

- a) Delay of the **Scheduled Airline** by more than 24 hours from

the scheduled time of departure, which is beyond **You** control, and no alternative air transportation is made available to **You**;

- b) Pandemic situation as declared by the World Health Organization or by appropriate authority in the country of visit and no flights are available to leave the country; and/or
- c) Inclement weather, political instability and terrorism.

You will have to inform the **Company** about the requirement for such extension, not later than 24 hours of the **Policy Period End Date**.

Once an extension is availed under this Section, no further extension of the **Policy** will be allowed.

Sectiopn 16: HOME CONTENT BURGLARY

We will reimburse **You** for the repair cost, in case of partial loss or replacement cost for a similar item, in case of total loss of the **Contents at Your Home**, caused by **Burglary** and/or attempted **Burglary** during **Your Insured Journey** subject always to the **Sum Insured** and **Deductible** specified against this benefit in the **Policy Schedule**.

Exclusions applicable to this Section:

In addition to the Specific Exclusions listed in this **Policy**, this Section shall not cover:

- a) If **You** and/or **Your Immediate Family Member** and/or **Your Domestic Staff** are involved in or concerned with the actual or attempted **Burglary**.
- b) Any claim occurring in **Kutcha Construction**.
- c) For any loss or damage to livestock, motor vehicles, pedal cycles, money, securities for money, stamp, bullion, deeds, bonds, bills of exchange, promissory notes, stock or share certificates, business books, manuscripts, documents of any kind, unset precious stones, jewellery, valuables, ATM or credit cards.
- d) Any consequential losses of any kind, by way of loss of profit, business interruption, market loss or otherwise, and/or any other legal liability of any kind.

Definitions specific to this Section:

- a) **Burglary** means an act involving the unauthorised entry to

or exit from **Your Home** or attempt thereat by unexpected, forcible, visible and violent means, with the intent to commit an act of theft.

- i. **Contents** means the following owned by **You** and/or **Your** family and/or **You** and/or **Your** family are legally responsible for, but the same is not used for business or business purposes. **Contents** include household goods, such as furnitures, fixtures, fittings, **Home** appliances, interior decorations and the items of similar nature.
- ii. Personal effects such as clothes and other articles of personal nature likely to be worn, used or carried but excluding money, jewellery and valuables.
- b) **Domestic Staff** means any person employed by **You** solely to carry out domestic duties associated with **Your Home**, but does not include any person employed in any capacity in connection with any business, trade or profession.
- c) **Home** means the **Usual place of residence** which is mentioned under address in the **Policy Schedule** which is used or occupied solely for domestic purposes by **You** and/or **Your** family and/or **Your Domestic Staff** whether owned by **You** or **Your** family or otherwise.
- d) **Kutcha Construction** means buildings having walls and/or roofs of wooden planks, thatched leaves, grass, bamboo, plastic, cloth, asphalt, canvas, tarpaulin or the like.

Section 17: HIJACK/KIDNAP DAILY ALLOWANCE

We will pay **You** a fixed amount as mentioned in the **Policy Schedule**, for every 12 hours period up to the maximum number of **Days** as mentioned in the **Policy Schedule**, if **You** are **Kidnapped** or any **Common Carrier** in which **You** are travelling has been **Hijacked during the Insured journey/Trip**, where as a direct consequence, **Your Trip** has been disrupted.

Definitions specific to this Section:

- a) **Kidnapped** – means a wrongful abduction and detention of the **Insured Person**, against their will or by deception, by a person or group.
- b) **Hijacked** - means the unlawful seizure or wrongful exercise of control of an aircraft or other **Common Carrier**, or the crew

thereof, in which **You** are travelling as a passenger.

Section 18: ACCOMMODATION EXTENSION

We will reimburse **You** the reasonable expenses in addition to any sum paid by the **Common Carrier**, government or any other body for lodging and boarding incurred by **You**, for the maximum number of **Days** as mentioned in the **Policy Schedule** and always upto the **Sum Insured** mentioned in the **Policy Schedule**, if **You** are unable to travel on the scheduled date of departure due to any of the following reasons, and therefore would be required to postpone their date of departure to another date:

- if **You** or any of **Your Immediate Family Member** sustain **Injury** or **Illness** which directly and independently of all other causes results in a **Hospitalisation** whilst on an **Insured Journey**. **Illness** will also include a disease resulting into quarantine on the advice of the treating **Physician**.
- if **Your** departure is delayed at any intermediate ports/ places forming part of the **Insured Journey** within the **Policy Period** solely arising out of any of the contingencies specified hereunder:
 - Earthquake.
 - Floods resulting from unseasonal rains, storm or cyclone.
 - Terrorism.
- Cancellation or rescheduling of flights done at the instance of the **Common Carrier**

Conditions Precedent specific to this Section:

- a) A claim for **Hospitalisation** of the **Insured Person** under Section 1: Medical Expenses- Injury and/ or Illness, must be accepted by **Us**.
- b) **Insured Person** and his **Eligible Family Member** would be required to stay in an accommodation facility from the scheduled date of departure until the revised date of departure.
- c) Subject to the above conditions, the expenses payable under this Section will be the reasonable expenses incurred towards the cost of lodging and boarding of the **Insured Person** and his **Eligible Family Member** only from the scheduled date of departure until the revised date of departure or the expiry of

seven **Days** from the date of discharge of the **Insured Person** from the **Hospital**, whichever is earlier. The expenses payable by **Us** shall be limited to the cost of lodging and boarding incurred for a similar or lower cost of accommodation than the **Insured Person** was staying at whilst on the **Insured Journey**.

Section 19: LOSS OF INTERNATIONAL DRIVING LICENSE

We will pay the **Sum Insured**, for obtaining duplicate international driving license either overseas or within 30 **Days** upon return to the **Usual Place of Residence in India**, if **You** lose **Your** international driving license whilst on **Insured Journey**.

Exclusions applicable to this Section:

In addition to the Specific Exclusions listed in this **Policy**, this Section shall not cover:

- Loss or damage to **Your** driving license as a result of delay, confiscation or detention by customs, police or any other public authority;
- Loss or damage to **Your** driving license that is suspended or expired; and/or
- Loss caused due to the **Insured Person**'s failure to take reasonable steps to guard against the loss of international driving license.

Section 20: FLIGHT CANCELLATION

We will pay **You** the **Sum Insured**, in the event of cancellation of the scheduled departure of the international flight whilst on **Insured Journey**.

In the event of same claim being admissible under both Section 20: Flight Cancellation and Section 9: Flight Delay, the amount that is paid under Section 9: Flight Delay, shall be deducted from any amount payable under Section 20: Flight Cancellation.

Exclusions applicable to this Section:

In addition to the Specific Exclusions listed in this **Policy**, this Section shall not cover:-

- Any of the causes for flight cancellation which were reasonably known to the **Insured Person /Policyholder** prior to the booking date of the **Insured Person's Insured Journey** or date of receipt of premium by **Us**, whichever is later; and/or

- b) If the flight was cancelled 12 (twelve) hours prior to the time of the scheduled departure.

Section 21: LOSS OF PERSONAL BAGGAGE

We will reimburse You the purchase cost of the lost Personal Baggage arising out of theft or burglary, when in Your custody, whilst on Insured Journey.

Conditions Precedent specific to this Section:

You will have to submit invoice for each item claimed by you under this section. In the absence of invoices / receipts for all the items for which the Claim has been lodged the maximum liability of the Company will not exceed 20% of the Sum Insured or the amount claimed by You, whichever is lower.

Exclusions applicable to this Section:

In addition to the Specific Exclusions listed in this Policy, this Section shall not cover:-

Any loss of Personal Baggage arising due to

- Any theft / burglary which occurs in the flight / at airport;
- Any theft / burglary which occurs in India.

Definitions specific to this Section:

- a) **Personal Baggage** shall mean luggage and personal possessions contained in the baggage excluding electronic portable items, watches, money and **Travel Funds**, belonging to the **Insured Person(s)** during the **Insured Journey**.
- b) **Travel Funds:** it refer to modes of transactions used while travelling internationally such as, but not limited to, multicurrency travel card, foreign currency, international debit and credit cards, and travellers' cheques.

Section 22: PERSONAL ACCIDENT IN INDIA

Under this Section, We will pay if You sustain an Injury solely and directly due to an Accident which occurs whilst on Insured Journey in India from the Usual Place of Residence in India to airport/port on the Day of overseas departure from India and/or on the Day of Your arrival back to India during Your travel from airport/port to the Usual Place of Residence in India, in accordance with the below benefits.

The Company's total liability for any and all claims admissible in

aggregate under Section 22.1: Accidental Death and Section 22.2: Disablement Cover shall not exceed the **Sum Insured** as mentioned against this Section in the **Policy Schedule**.

22.1 Accidental Death

If **You** suffer an **Injury** solely and directly due to an **Accident** which occurs whilst on the **Insured Journey**, and which solely and directly results in **Your** death within 365 **Days** from the date of the **Accident**, then **We** will pay to **Your** nominee or legal heir, the **Sum Insured**.

The **Sum Insured** paid by the **Company** under this cover will be less of any other amount paid/payable under Section 22.2: Disablement Cover.

Once a claim has been accepted under this benefit then further coverage under the Policy shall immediately and automatically cease in respect of that **Insured Person**.

Disappearance

We will pay the Sum Insured, if **Your** body cannot be located within one (1) year after the forced landing, stranding, sinking or wrecking of a **Common Carrier** in which **You** were a passenger or as a result of any acts of God occurring whilst on an **Insured Journey**, in which case it shall be deemed, that **You** shall have suffered loss of life within the meaning of the **Policy**.

Once a claim has been accepted under this benefit and **Sum Insured** has been paid then coverage under this benefit shall immediately and automatically cease in respect of that **Insured Person**.

22.2 Disablement Cover

If **You** suffer an **Injury** solely and directly due to an Accident which occurs during the **Policy Period** and whilst **You** are on the **Insured Journey** which solely and directly results in **Your** continuous and permanent disablement within 365 **Days** from the date of the **Accident** then **We** will pay, the percentage of the **Sum Insured** specified in the table below against such type of disablement.

If **You** suffer more than one of the following types of disablement as a result of the same **Accident**, then **We** will add the percentages payable in respect of all such types of disablements provided that in no event will the **Company** be liable to pay more than 100% of

the **Sum Insured** for this benefit/section.

Once a claim has been accepted under this benefit and **Sum Insured** has been paid then further coverage under the **Policy** shall immediately and automatically cease in respect of that **Insured Person**.

Type of Disablement	Percentage (%) of Sum Insured (as mentioned in the Policy Schedule)
• Irrecoverable loss of sight of both eyes	100%
• Physical separation of or the irrecoverable loss of ability to use both hands or both feet	100%
• Physical separation of or the irrecoverable loss of ability to use one hand and one foot	100%
• Irrecoverable loss of sight of one eye and the physical separation of or the irrecoverable loss of ability to use either one hand or one foot.	100%
• Loss of toes – all	20%
• Loss of great toe	5%
• Other than great toe, if more than one toe lost, each	1%
• Loss of hearing – both ears	50%
• Loss of hearing – one ear	25%
• Loss of four fingers and thumb of one hand	40%
• Loss of four fingers	25%
• Loss of thumb	15%
• Loss of index finger	10%
• Loss of middle finger	6%
• Loss of ring finger	5%

"Loss" with regard to:

- a. Toe, finger, thumb means actual complete severance from the foot or hand.
- b. Hearing means entire and irrecoverable loss of hearing.

Exclusions applicable to this Section:

In addition to the Specific Exclusions listed in this **Policy**, this Section shall not cover:

- i. Any existing **Injury**/ disability, or any complication arising from it;
- ii. Claim which arises out of an **Accident** connected with the operation (including flying, mounting, dismounting) of an aircraft or which occurs during parachuting except when **You** are flying as a fare paying passenger in a multiengine commercial aircraft.

The **Company**'s total liability for any and all claims admissible in aggregate under Section 22.1: Accidental Death and Section 22.2: Disablement Cover, shall not exceed the **Sum Insured** as mentioned in the **Policy Schedule** for Section 22: Personal Accident in India.

Section 23 : COMPASSIONATE TRAVEL/STAY

We will reimburse **You**, for the actual cost of the to and fro economy class ticket and accommodation for one of **Your Immediate Family Member** via **Common Carrier** for maximum **7 Days**, provided that no adult family member or relative is present there to attend **Your** medical emergency during **Your Insured Journey**, in the event of **Injury** due to an **Accident** or **Illness** requiring **Your Hospitalisation** for more than 7 consecutive **Days**.

Conditions Precedent specific to this Section:

The coverage under this Section shall be provided if:

- a) The treating **Physician** has advised the necessity of the attendance of a family member or relative or friend and upon **Our** satisfaction on the reason provided.
- b) If one or more family member is travelling with **You** but none of them is able to take care of **You** due to their **Hospitalisation** at the same time.
- c) Claim is admissible only if a claim under Section 1: Medical

Expenses – Injury and/or Illness, has been accepted by **Us**.

Section 24: LOSS OF CASH

We will reimburse **You**, for any loss of currency arising out of theft or robbery during the **Insured Journey**.

Conditions Precedent specific to this Section:

- a) Only one incident will be paid in the entire **Policy** irrespective of the **Policy** being a Single **Trip** or Annual Multi **Trip Policy**.
- b) **You** must provide an official police report from the local police station where the incident happened that indicates the incident happened whilst on an **Insured Journey** in order for **Us** to pay the claim, unless **You** are legally incapable of doing so.
- c) Claim will not be admissible unless the police report is lodged in the local police station where the incident happened within 12 hours of the incident.

Exclusions applicable to this Section:

In addition to the Specific Exclusions listed in this **Policy**, this Section shall not cover: -

- a) Any loss which will be paid or refunded by the **Common Carrier**, hotel, agent or any other provider of travel and/or accommodation;
- b) Any loss of valuables, any kinds of securities and/or tickets;
- c) Any loss of currency contained in checked-in baggage; and/or
- d) Any loss arising in India.

Section 25: UP-GRADATION TO BUSINESS CLASS

We will reimburse **You** the actual expenses incurred for up-gradation of **Your** existing economy class air ticket to a business class air ticket in the event of the **Insured Person** getting hospitalized during his **Insured Journey**.

If **Your** direct route economy class air ticket cannot be upgraded, then **We** shall reimburse the difference between the cost of the new direct business class airfare and the refund amount received on the economy class ticket cancelled.

We shall not be liable to make any payment under this Section if **You**

were booked to return to **Your Usual Place of Residence in India** on a business class air ticket.

Our total maximum liability in any scenario shall not exceed the **Sum Insured** mentioned in the **Policy Schedule**

Conditions Precedent specific to this Section:

- a) The air ticket must be for the most direct route from the place of **Your Hospitalisation** to India during **Insured Journey**
- b) The claim is admissible only if a claim under Section 1: **Medical Expenses – Injury** and/or **Illness** has been accepted by **Us**; and
- c) **Insured Person** must be hospitalized for minimum 5 consecutive **Days**; and
- d) **Your** return air travel to India shall commence not later than 20 **Days** from **Your** discharge from the **Hospital**.

Section 26: RENTAL VEHICLE COVER

We will reimburse **You** the **Rental Vehicle Excess** if whilst on an **Insured Journey**, the **Insured Person** hires a rental vehicle which is subsequently stolen, damaged or involved in a collision whilst in the care and custody of the **Insured Person**.

If the **Insured Person's** rental vehicle is involved in a collision and is damaged rendering it un-driveable whilst on an **Insured Journey**, We will reimburse the **Insured Person** for towing fees not covered under rental vehicle hiring agreement, or roadside assistance or the vehicle's insurance policy.

Conditions Precedent specific to this Section:

- a) Only one claim is admissible during the **Policy Period**.
- b) Local police to be informed within 24 hours of the incident and a copy of the report to be submitted to **Us**.
- c) **Our** total maximum liability in any scenario shall not exceed the **Sum Insured** mentioned in the **Policy Schedule**
- d) The Person driving the Vehicle at the time of accident should be an **Insured Person** and should have a valid international driving license commensurate with the Vehicle hired. Also, such **Insured Person** should not be under the influence of intoxicating liquor or drugs

Exclusions applicable to this Section:

In addition to the Specific Exclusions listed in this **Policy**, this Section shall not cover: -

- a) Any claims arising where a third party is liable.
- b) Any Loss arising in India

Definitions Specific to this Section:

- a) **Rental Vehicle Excess** means the amount the **Insured Person** is legally liable to pay under the rental vehicle hiring agreement to the rental company, if the rental vehicle is involved in an **Accident** or is damaged or stolen during the rental period.

Section 27: RENTAL VEHICLE RETURN

We will reimburse **You** for the delay charges levied as per the rental vehicle hiring agreement by the rental company, for the delayed return of the vehicle, if the rental vehicle in **Your** custody meets with an **Accident**, is damaged or is involved in a collision which directly results in a delay in returning the vehicle to the rental company within the stipulated time as per the rental vehicle hiring agreement, whilst on an **Insured Journey**.

Conditions Precedent specific to this Section:

- a) Local police to be informed within 24 hours of the **Accident** and a copy of the report to be submitted to **Us**.
- b) **Our** liability will be restricted to the charges levied by the rental company for delayed return of vehicle. Any other cost or charges arising out of damage or **Accident** are out of the purview of this cover.
- c) The Person driving the Vehicle at the time of accident should be an **Insured Person** and should have a valid international driving license commensurate with the Vehicle hired. Also, such **Insured Person** should not be under the influence of intoxicating liquor or drugs

Exclusions applicable to this Section:

In addition to the Specific Exclusions listed in this **Policy**, this Section shall not cover: -

- a) Any loss arising in India.

Section 28: ALTERNATIVE TRANSPORT EXPENSES

We will reimburse **You** the cost of alternate transport incurred by **You**

during **Your Insured Journey**, for alternate transport taken due to shortened or diverted **Scheduled Transport Arrangement**, of which **You** had a confirmed booking, before the commencement of the **Insured Journey**, to travel and to reach on time to any event or prepaid travel/tour arrangements.

We will pay under this Section if **You** have to take alternate transport due to the following reasons:

- Due to any catastrophic event at the city of visit in last 15 **Days**.
- Political disturbance, travel prohibition declared by government or local authorities or airline authorities which is not publicly known before the commencement of the **Trip**.
- Any event such as mass bandhs, or widespread strikes or terrorism at the city of visit.

Exclusions applicable to this Section:

In addition to the Specific Exclusions listed in this **Policy**, this Section shall not cover:

- The cancellation, delay, shortening or diversion of **Your Scheduled Transport Arrangement** arising from the financial collapse of any transport or tour provider.
- If **You** failed to check in or reach to the transportation destination/pick up point within the stipulated time.
- Any action or detention or travel prevention by respective transport authority.
- Scheduled Transport Arrangements** which are from unscheduled transport services of passengers which operate without fixed and published schedule at an hourly/ per mile / kilometer charge.
- Any loss arising in India

Definition applicable to this Section:

- Scheduled Transport Arrangement:** It refers to any transport arrangement including **Scheduled Airline**, trains, buses, or any form of water or road transport in each case operated under a valid license for the transportation of passengers for hire.

Section 29: PANDEMIC COVER

We will pay **You** the **Sum Insured** in the event **You** are diagnosed with, and are required to **Quarantine Yourself** during the **Policy Period**

whilst on **Insured Journey**, due to the same **Illness** which has been declared as an pandemic by the appropriate government authority or the World Health Organization.

Conditions Precedent specific to this Section

- a) For the purpose of this **Policy**, such **Quarantine**, on the advice of a **Medical Practitioner** or appropriate Government authorities, should be done either at the place of accommodation which the **Insured Person** had booked before the commencement of the **Trip** or any accommodation specifically declared as a **Quarantine** facility or in a government authorized **Quarantine** centre.
- b) In case of **Quarantine** in any other location other than the locations mentioned in a) above, **Our** liability shall be restricted to 50% of the **Sum Insured** mentioned in the **Policy Schedule**.

Exclusions applicable to this Section:

In addition to the Specific Exclusions listed in this **Policy**, this Section shall not cover: -

- a) Any loss arising in India.

Definitions specific to this Section:

- a) **Quarantine** means isolation at the place of visit of an individual due to diagnosis of the disease whilst on an **Insured Journey** provided such disease has been declared as a pandemic.

Section 30: HOSPITAL DAILY CASH

We will pay **You** the **Sum Insured** for each continuous and completed 24 hours of **Hospitalisation**, if **You** are admitted in a **Hospital** due to an **Illness** and/or **Injury** for maximum upto 10 consecutive **Days** of **Hospitalisation**.

Conditions Precedent specific to this Section:

- a) Claim under this Section will be payable only if a claim for the same **Illness** and/ or **Injury** is admissible under Section 1: Medical Expenses – Injury and/or Illness.

Section 31 : MISSED booking

We will reimburse **You** the **Covered Expenses** paid by **You** if **You** are not able to attend the pre-booked **Event** or commence tours/packages due to non-commencement of the **Insured Journey** because of the

following incidents:

- a) Accidental damage to **Usual Place of Residence in India**, as mentioned in the **Policy Schedule**, from fire or **Burglary** that requires **You** to be present at **Usual Place of Residence in India**, as mentioned in the **Policy Schedule**, on the date of **Event**/commencement of tours/packages.
- b) Occurrence of **Catastrophe** in overseas destination and/or in **Usual Place of Residence in India**.
- c) **Illness** and/or **Injury** requiring **Hospitalisation** and/or death of the **Insured Person** or the **Eligible Family Member**.
- d) Mass bandhs/shutdowns or widespread **Strikes** acknowledged / published by the **Public Authority**, which **You** could not reasonably avoid or plan in time.
- e) Cancellation caused by Government regulations or control which were not known to **You** prior to the booking date of **Insured Journey** or date of receipt of premium, whichever is later.
- f) Cancellation or delayed arrival of the **Common Carrier**.

Exclusions applicable to this Section:

In addition to the Specific Exclusions listed in this **Policy**, this Section shall not cover: -

- a) Any of the covered causes for missed booking which were reasonably known to **You** prior to the booking date of **Your Insured Journey** or date of receipt of premium, whichever is later;
- b) **You** have breached or have not complied with any law, regulation or rule of the government, embassies, **Common Carrier** or the event organizer;
- c) **Strike** or labor disputes which existed or of which advance warning had been given prior to the date on which itinerary was booked;
- d) Delay or cancellation due to withdrawal from service temporarily or permanently of any **Common Carrier** on the orders or recommendations of any port authority or the aviation agency or any similar body; and/or
- e) Any delay due to confiscation of **Your** checked-in baggage by government/airport or any such authority.

- f) Any loss arising due to missed pre-booked event in India.

Definitions specific to this Section:

- a) **Covered expenses** means non-refundable amount of the overseas **Event** ticket, non-refundable portion of travel tours / packages excluding accommodation and non-refundable portion of travel ticket costs (excluding cash discount, cashback, discount coupon, airline miles or similar accrued benefits, if any).
- b) **Event** means a planned official public or corporate gathering organized for the purpose of business or entertainment or any other legal purposes, entry to which is regulated through a pass or invitation or ticket.
- c) **Catastrophe** means an unexpected natural event, such as, but not limited to, an earthquake, tsunami or flood at locations which are forming part of the **Insured Journey**.
- d) **Burglary** means an act involving the unauthorized and forcible entry in the **Insured Person's Usual Place of Residence in India** with an intent of committing a theft.
- e) **Public Authority** means any governmental, quasi-governmental organization or any statutory body or duly authorized organization with the power to enforce laws, and command, determine, or judge.
- f) **Strike** means any labor disagreement, which interferes with the normal departure and arrival or departure of the **Scheduled Airline** s/scheduled railways and is defined as legal by relevant authorities in the respective **Usual Place of Residence in India**.

Section 32: VISA REJECTION

We will reimburse **You** the visa fee paid by **You** for the **Insured Journey**, if **Your** visa is rejected without any shortcoming, fault or negligence on **Your** part . This cover is not applicable for immigrant and employment visas.

Conditions Precedent specific to this Section:

- a) **You** must have submitted all the valid documents, in order, as directed by the embassy of the respective country for which the visa is being applied and the visa facilitating company.
- b) Visa application should be filed with the respective embassy

well in advance and as per the prescribed processing time, if any.

- c) You must be eligible for applying visa in all respects and fulfill all the requirements and formalities as per the requirement of respective embassy and the visa facilitating company.

Exclusions applicable to this Section:

In addition to the Specific Exclusions listed in this **Policy**, this Section shall not cover:

- a) Any visa application which was submitted prior to date of receipt of Premium;
- b) Any visa application for immigrant visa and/or employment visa;
- c) Visa rejection due to any error at the travel agent/aggregator's /visa facilitating company's end;
- d) Visa rejection due to any such error/situations that may lead to recurring bulk visa rejections;
- e) Visa rejection due to moral turpitude;
- f) Visa rejection due to missing of the pre-scheduled appointment for visa application by the **Insured Person**;
- g) Visa rejection due to past or current criminal actions, litigations, legal cases etc. against the **Insured Person**;
- h) Visa rejection due to rejection of past visa application of the **Insured Person**;
- i) Visa rejection due to submission of any incomplete, insufficient, false or forged documents for visa processing by the **Insured Person**;
- j) Visa rejection due to any incomplete, unsubstantiated or inexplicable information provided for visa application including but not limited to purpose and circumstances of the planned stay;
- k) Visa rejection due to damaged passport;
- l) Visa rejection due to passport invalidity;
- m) Visa rejection due to invalid letter of reference;
- n) Visa rejection due to insufficient means of subsistence;

This cover is not applicable for immigrant and employment Visa.

ADD-ON BUNDLES

The following add-on bundles are applicable to the **Insured**

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TATA AIG GENERAL INSURANCE COMPANY LIMITED

Registered Office: Peninsula Business Park, Tower A, 15th Floor, G.K. Marg,
Lower Parel, Mumbai – 400013

• **24x7 Toll Free No: 1800 266 7780 or 1800 22 9966** (Senior Citizen)
Email: customersupport@tataaig.com

Website: www.tataaig.com • IRDA of India Registration No: 108

CIN:U85110MH2000PLC128425 • Travel Guard Plus UIN: TATTIOP24162V012324

Person if specified to be in-force in the **Policy Schedule**, and upto the **Sum Insured** specified against such benefit in the **Policy Schedule**. Each claim or series of claims arising out of the same event, including any same **Injury** or **Illness**, in respect of an **Insured Person** shall be payable subject to any applicable **Deductible** or sublimit as specified against each benefit/Section in the **Policy Schedule**.

CRUISE BUNDLE

Section 33: MISSED CRUISE

We will reimburse You any non-refundable travel ticket costs (excluding cash discount, cashback, discount coupon, airline miles or similar accrued benefits, if any), if You miss the cruise during the **Insured Journey** within the **Policy Period** due to:

- a) **Accident** of the vehicle which You used immediately prior to reaching sea port.
- b) Mass bandhs/shutdowns or widespread strikes enroute the **Insured Journey** which is acknowledged / published by public authority and which You could not reasonably avoid or plan in time.
- c) Any cancellation of vehicle caused by Government regulations or control.
- d) Occurrence of catastrophe at the place of origin of cruise.
- e) Pandemic situation as declared by the World Health Organization or by appropriate authority in the country of visit.

Conditions Precedent specific to this Section:

- a) The time gap between the scheduled arrival of the vehicle at the Sea Port and the scheduled departure of the Missed Cruise should be more than three (3) hours.

Section 34: COMMON CARRIER – CRUISE INTERRUPTION

We will reimburse You the expenses incurred towards any alternate travel bookings, due to any unexpected **Injury** or **Illness** to You while on a cruise which is part of the **Insured Journey**, resulting in **Your Hospitalisation** on foreign dry land.

Conditions Precedent specific to this Section:

- b) Claim is admissible only if a claim under Section 1: Medical Expenses – Injury and/or Illness has been accepted by Us.

- c) Such **Hospitalisation** should not be due to any **Pre-existing Condition**.
- d) **You** have allowed sufficient time for the scheduled **Common Carrier** or any vehicle in which **You** were travelling to arrive at the next nearest port of departure of the cruise on time.
- e) Expenses incurred towards any alternate travel bookings should be done to reach the next closest port where the vessel shall dock so that **You** can join back the same cruise.

TRAVEL PLUS BUNDLE

Section 35: ACCOMPANIMENT OF MINOR CHILD

We will reimburse **You / Your** nominee or legal heir, the actual cost of a round **Trip** (economy airfare ticket) on a **Scheduled Airline** from India for **Your Immediate Family Member** designated by **Your Eligible Family Member**, to bring **Your** minor child back to the **Usual Place of Residence in India**, during the **Policy Period** whilst **You** are on **Insured Journey**, provided that:

- a) The **Insured Person** is hospitalized beyond 5 consecutive **Days** during an **Insured Journey** or in case of unfortunate event of death of the **Insured Person**.
- b) Such round **Trip** is undertaken by accompanying **Immediate Family Member** along with **Your** minor child within fifteen (15) **Days** of **Your** admission in the **Hospital** or immediately, in case of unfortunate event of accidental death of the **Insured Person**.
- c) The child **Age** is less than 16 years of **Age** at the time of such **Hospitalisation** or at the time of the death of the **Insured Person**.
- d) **Your** child's **Trip** start date is same as **Your Trip** start date and the child's **Trip** is insured with **Us**.
- e) Advance approval has been taken from the **Assistance Company**.
- f) Claim is admissible only if a claim under Section 1: Medical Expenses – Injury and/or Illness and/or under Section 3.1: Accidental Death has been accepted by **Us**.

Section 36: FREQUENT FLYER COVER

We will reimburse **You** for the amount equivalent to the frequent flyer reward points, based on the conversion factor of the frequent flyer/reward program service provider, upto the amount mentioned in the **Policy Schedule**, in the event of cancellation of the **Insured Journey**.

Conditions Precedent specific to this Section:

The claim under this Section is payable only if:

- a) **You** had purchased the airline ticket (and/or other **Common Carrier**/public carrier ticket) of the **Insured Journey** using frequent flyer or similar reward points.
- b) The claim under Section 11: Trip Cancellation is admissible under this **Policy**.
- c) The frequent flyer reward points are not restored by the frequent flyer/reward program service provider.

Section 37 : LOSS OF ELECTRONIC PORTABLE ITEMS

We will reimburse **You** the replacement cost for an item of similar make and model, in the event of theft of **Your Electronic Portable Items**, during the **Policy Period**, whilst on the **Insured Journey**.

Conditions Precedent specific to this Section:

- In case of theft, **You** must provide an official police report that indicates the incident happened whilst on an **Insured Journey** in order for **Us** to pay the claim.
- FIR / police report should be done within 4 hours of the discovery of theft.

Exclusions applicable to this Section:

In addition to the Specific Exclusions listed in this **Policy**, this Section shall not cover:

- a) **Business Items;**
- b) Musical instruments;
- c) All types of stored data or music including, but not limited to computer software, DVDs, video cassettes, CDs, audio cassettes, and film;
- d) Total and partial loss / damage to **Electronic Portable Items**.
- e) Any loss arising in India.

Definitions specific to this Section:

- a) **Electronic Portable Items** means electronic equipment like

mobile phones (including smartphones and feature phones), tablets, e-readers, wearables, internet of thing devices, laptops, gaming consoles and bluetooth speakers which are portable in nature or any other similar portable electronics.

- b) **Business Items** refers to items that are used and /or purchased by the **Insured Person** for his/her employment or occupation related activities.

ACCIDENT BUNDLE

Section 38: LIFESTYLE MODIFICATION COVER

We will reimburse You for the cost of artificial limbs and any modifications to Your home or vehicle in India necessitated due to disablement arising as a result of an **Accident** during the **Policy Period**, whilst on an **Insured Journey**, that is recommended by a **Medical Practitioner** who is a civil surgeon, subject to claim under Section 3: Accidental Death and Disablement (Overseas) being accepted by Us.

Section 39: CHILD EDUCATION BENEFIT

If an **Insured Person** suffers an **Injury** during the **Policy Period** causing his death within 365 **Days** from the date of the **Accident** then We will pay the **Sum Insured** to Your surviving **Eligible Children** subject to the condition that such child /children should be enrolled as a full time student in a recognized educational institution, at the time of the **Accident**.

Conditions Precedent specific to this Section:

- a) Our maximum liability is limited to the **Sum Insured** mentioned in the **Policy Schedule**, irrespective of the number of **Eligible Children**.
- b) The **Sum Insured** will be equally divided among all **Eligible Children** enrolled as a full time student in a recognized educational institution, at the time of the **Accident**.
- c) Claim under this Section is payable only if the claim under Section 3: Accidental Death and Disablement (Overseas) has been accepted by Us under this **Policy**.

Section 40: COMA COVER

We will pay You or Your nominee/legal heir, the **Sum Insured**, if You sustain an **Injury** during the **Policy Period**, whilst on an **Insured Journey** overseas resulting in **Coma of Specified Severity**.

Definition specific to this Section:

a) Coma of Specified Severity -

- I. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:
 - i. no response to external stimuli continuously for at least 96 hours;
 - ii. life support measures are necessary to sustain life; and
 - iii. permanent neurological deficit which must be assessed at least 30 **Days** after the onset of the coma.
- II. The condition has to be confirmed by a specialist **Medical Practitioner**. Coma resulting directly from alcohol or drug abuse is excluded.

Section 41: ADVENTURE SPORTS

We will either pay the fixed amount set out in the Policy Schedule or reimburse **You** for expenses, (as applicable for each respective Section below), but always only up to the **Sum Insured** specified against this Section if **You** suffer an **Injury** while participating in **Adventure Sports** during the **Policy Period**, in a non-professional capacity and performed under expert supervision of trained professionals whilst on an **Insured Journey**, under the following Sections of the **Policy**:

- a) Section 1 - Medical Expenses – Injury and/or Illness (reimbursement upto the **Sum Insured** mentioned in the **Policy Schedule**)
- b) Section 3 - Accidental Death and Disablement (Overseas)
- c) Section 4 - Emergency Medical Dental Expenses
- d) Section 30 - Hospital Daily Cash

Admissibility and assessment of claim arising out of **Adventure Sports** shall be as per the terms, conditions and limits, as applicable to the above-named Sections.

Conditions Precedent specific to this Section:

- a) Such extension will be subject to the **Sum Insured** specified under this Section, and will not result into any increase in the **Sum Insured** of the respective Sections.

- b) You shall not be undertaking these activities if You have been advised by a **Physician / Medical Practitioner** / doctor for not doing/performing any such activity or in case You suffer from any **Pre-existing Condition** which may hamper Your health or lead to potential medical emergencies whilst undertaking these activities.
- c) Minimum **Age** required to opt for the cover is 15 years and the maximum **Age** to opt for this cover is 60 years.
- d) At the time of claims, the onus shall lie on the **Insured Person/ Nominee/Legal heir** to prove that the **Insured Person** had undertaken all the necessary safety precautions as were recommended to him/her including the use of protective gear and had followed the trainer's instructions. The **Company** reserves the right to confirm from the service provider, the **Insured Person**'s participation in this activity and the extent of precautions taken by the **Insured Person**.
- e) The **Insured Person** shall not undertake these activities in case he suffers from some **Pre-existing Condition** which might lead to worsening of health/prone to injuries whilst undertaking these activities.

Exclusions applicable to this Section:

In addition to the Specific Exclusions listed in this **Policy**, this Section shall not cover:

- a) Non-adherence to the guidelines / instructions / safety measures prescribed by the organizers of the activity;
- b) You train for and/or participate in an activity at a professional level;
- c) Competing at an international event as a national representative;
- d) You go against local authority warnings or enter closed or restricted areas or places or situations known to be unsafe or dangerous;
- e) Racing(except on foot and up to marathon level), participating in speed or time trials, motorsports (shows, races, competitions or training);
- f) Undertaking or working in any dangerous, extreme or hazardous activities, and/or participating in any sports or

activities in hazardous locations, such as base jumping, wing suit flying, cliff diving, martial arts competitions, motor sports, piloting an aircraft, stunt flying/aerobatics, rodeo, bull riding/running of the bulls etc.;

- g) taking part in dangerous expeditions, mountaineering expeditions or expeditions to the Arctic, Antarctica or Greenland, unless specifically approved by **Us**;
- h) work as a guide where ropes or other specialist climbing equipment is required;
- i) close proximity to dangerous animals including, but not restricted to, hippopotamus, crocodiles, alligators, sharks, elephants, bears, big cats, deadly snakes, tigers, cheetahs etc;
- j) participating in any activities against the advice of a **Medical Practitioner**;
- k) **Injury/Illness** is caused to the **Insured Person** due to his/her own carelessness or lack of precautions taken or the sports activities are not performed/done by the **Insured Person** in accordance with the rules, regulations and guidelines of the applicable governing body/instructor or authority of each such activity;
- l) Personal liability arising out of/linked to any **Adventure Sports**; or
- m) Any claim arising out of or worsening of **Pre-existing Condition** while performing **Adventure Sports**.

GENERAL EXCLUSIONS

This entire **Policy** does not provide benefits for any loss resulting in whole or in part from, or expenses incurred, directly or indirectly in respect of:

- a) Where the **Insured Person** is travelling against the advice of a **Physician/Medical Practitioner** or receiving or on a waiting list for receiving specified medical treatment or is travelling for the purpose of obtaining treatment or has received a terminal prognosis for a medical condition;
- b) Any **Pre-existing Condition** or any complication arising from it unless in case of **Life Threatening Condition**.
- c) Any claim of the **Insured Person** arising from:
 - a. suicide or attempted suicide

- b. wilful self-inflicted **Illness** or **Injury** except **Injury** in self-defence or to save life;
- d) Any claim arising from **Adventure Sports**, unless expressly covered under any particular Benefit;
- e) Any claim of the **Insured Person** arising from sexually transmitted conditions;
- f) Any claim for death, disablement (whether of a permanent nature or of a temporary nature), **Hospitalisation** of the **Insured Person** arising or resulting from the **Insured Person** committing any breach of law with criminal intent;
- g) The **Insured Person** whilst being under the influence of intoxicating liquor or drugs or other intoxicants, suffers **Injury / Accident**, except where the **Insured Person** is not directly responsible for the **Injury / Accident** though under influence of intoxication;
- h) Where the **Insured Person** is operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft or the **Scheduled Airline**;
- i) Any claim for death or disablement (whether of a permanent nature or of a temporary nature) or **Hospitalisation** of the **Insured Person**, due to war (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds;
- j) Any claim resulting or arising from or any consequential loss caused by or contributed to or arising from:
 - a. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self-sustaining process of nuclear fission) of nuclear fuel.
 - b. Nuclear weapon material.
 - c. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
 - d. Nuclear, chemical and biological terrorism;

- k) Performance of manual work for employment or any other potentially dangerous occupation;
- l) **Congenital Anomalies** or any complications or conditions arising therefrom;
- m) Osteoporosis (porosity and brittleness of the bones due to loss of protein from the bones matrix) or pathological fracture (any fracture in an area where **Pre-existing Condition** has caused the weakening of the bone), if osteoporosis or pathological fracture diagnosed prior to the **Policy Period**, unless arising out of an **Injury**;
- n) Any claim due to the pregnancy of the **Insured Person** including resulting childbirth, miscarriage, abortion or complication of any of these except complications in pregnancy due to **Accident** of the **Insured Person** during the **Insured Journey**;
- o) Any loss arising out of the **Insured Person's** actual or attempted commission of or willful participation in an illegal act or any violation or attempted violation of the law;
- p) Liability arising out of the **Insured Person's** engagement in any criminal or illegal act;
- q) Any claim incurred outside the territorial limits of the Geographical Scope or the **Insured Journey** that are mentioned in the **Policy Schedule**;
- r) Any non-**Medical Expenses** (list enclosed - Annexure I);
- s) Individuals travelling on immigrant visa beyond 120 **Days**.

ASSISTANCE SERVICES

The **Assistance Company** will provide the following services, as described below:

- a) **Medical Assistance** - As soon as the **Assistance Company** is notified of a medical emergency resulting from **Your Injury** or **Illness**, the **Assistance Company** will contact the medical facility of **Your** nearby location where **You** are located and confer with the **Physician** at that location, to determine the best course of action to be taken. If possible and if appropriate, **Your family Physician** will be contacted to help in arriving at a decision as to the best course of action to be taken for **You**. The **Assistance Company** will then organize a response to the medical emergency, doing whatever is appropriate,

including, but not limited to, recommending or securing the availability of services of a local **Physician** and arranging **Hospital** admission for **You** where, in its discretion, deems such admission appropriate.

- b) Medical Evacuation** - When, in the opinion of the **Assistance Company**'s medical panel, it is judged medically appropriate to move **You** to another location for better treatment or return **You** to India, the **Assistance Company** will arrange the evacuation, utilizing the means best suited to do so, based on the necessity of medical evaluation and the seriousness of **Your** condition, and these means may include air ambulance, land ambulance, regular airplane, railroad or other appropriate means. All decisions as to the means of transportation and final destination will be made by the **Assistance Company**.
- c) Repatriation** - the **Assistance Company** agrees to make the necessary arrangements for the return of **Your** remains to India in the event **You** die during the **Policy Period**.
- d) Legal Assistance** - If **You** are arrested or are in danger of being arrested as the result of any non-criminal action resulting from responsibilities attributed to **You**, the **Assistance Company** will, if required, provide **You** with the name of an attorney who can represent **You** in any necessary legal matters.
- e) Lost Luggage or Lost Passport** - If **You**, outside India, notify the **Assistance Company** that **Your** luggage or passport has been lost, the **Assistance Company** will endeavor to assist **You** by contacting the appropriate authorities involved and providing direction for recovery or replacement.
- f) General Assistance** - the **Assistance Company** will serve as a central point for translation and communication for **You** during emergency situations. The **Assistance Company** agrees to provide **You** with the advice on contacting and using services available from consulates, government agencies, translators and other service providers that can help with travel problems. In addition, the **Assistance Company** will provide insurance coordination, verifying coverage for **You**, guaranteeing payment to the medical provider, based on confirmation of benefits, a charge to credit card(s) and coordinating the payments, documentation and translation, to ease claim filing,

when **You** return to India.

- g) Pre-Departure Services** - Prior to **Your** departure, upon request, the **Assistance Company** will provide hazard information about foreign locations, information about immunization requirements and passport or visa requirements, general information about weather and state department, private service warnings about travel to certain locations and flight tracking. The **Assistance Company** will also arrange for special medical care en-route (i.e. dialysis, wheelchairs, etc.), subject to receiving reasonable notice of this request.
- h) Emergency Travel Agency** - the **Assistance Company** agrees to provide **You** with 24 hour travel agency service for airline and hotel reservations. The **Assistance Company** will also arrange payment for **Your** airline tickets and other travel services, using **Your** credit cards. Prepaid ticket pickup at airline counters or ticket delivery by mail or courier will also be arranged by the **Assistance Company** for **You**.
- i) Emergency Cash Transfers and Advances** - the **Assistance Company** will arrange for cash payments to **You** by coordinating with **Your Immediate Family Member** through a variety of sources, including credit cards, hotels, banks, consulates and western union. The **Assistance Company** provides this service to supplement the facilities of **Your** credit cards. Credit card transactions performed by the **Assistance Company** are subject to confirmed credit.

Disclaimer of Liability

- In all cases the medical professional or any attorney suggested by the **Assistance Company** shall act in a medical or legal capacity on behalf of **You** only. The **Assistance Company** assumes no responsibility for any **Medical Advice** or legal counsel given by the medical professional or attorney. **You** shall not have any recourse to the **Assistance Company** by reason of its suggestion of a medical professional or attorney or due to any legal or other determination resulting therefrom.
- **You** are responsible for the cost of services arranged by the **Assistance Company** on behalf of **You** or a covered **Eligible Family Member**, as mentioned in the **Policy Schedule**. The **Assistance Company** will access this **Policy** and/or other

insurance policy benefits to which **You** may be entitled, and/or **Your** credit cards or other forms of financial guarantees provided by **You**, in order to facilitate payment for such services.

- In case **We** or the **Assistance Company** fails to provide any of the services as mentioned in this **Policy** or is unable to implement, in whole or in part due to force majeure, non-availability of services, change in law, rule or regulations which effects the services, or if any regulatory or governmental agency having jurisdiction over a party takes a position which effects the services, then the suspension, curtailment or limited performance of the **Assistance Company** shall not constitute breach of contract and **We** or the **Assistance Company** shall have no liability whatsoever including but not limited to any loss or damage resulting therefrom.

OPTIONAL ASSISTANCE SERVICES

On receipt of additional premium by **Us**, **You** can avail the below services whilst overseas in an **Insured Journey** and if specified to be in-force in the **Policy Schedule**:

1. Care at Home Service

These services shall be applicable to **You** for services required for any two members of **Your Eligible Family Member** in India for which the charges will be borne by **You**. Upon registering on the portal as per details shared by the **Assistance Company**, **You** can book either of the following services or consultations, as required. Any member for whom this service is to be made available also needs to be updated on the portal or the manner which **We** decide for the registration. Upon booking the service, the payment for the same can be made on the portal, to confirm the same.

a. Online Medical Consultation

- The **Assistance Company** will arrange for online consultations in non-emergency situations, with a medical service provider back in India whilst **You** are on an **Insured Journey**.
- **We/the Assistance Company** is not a medical

service provider or a **Hospital** and shall bear no responsibility or liability towards the **Medical Advice** or other acts of the doctors or practitioners that communicate with customer/patient during the online doctor consultations.

- The online doctor consultations are not to be used for emergency medical requirements or as a replacement for physical examination of the patient.
- In case any **Medical Advice** or prescription is provided by the doctor, the same is being provided on the basis of the information shared by customer/patient through the online consultation process and the advice or prescription may vary when examined in person.
- When customer/patient uses the online doctor consultation services, he/she agrees to provide all medical records available with them and provide all relevant information pertaining to their medical history, including treatments that other **Medical Practitioners** may have suggested and may be on-going.
- We/the **Assistance Company** will not be responsible for any cross references, treatments, procedures, tests or any complications arising from these treatments, procedures, tests suggested by doctor.
- Rescheduling is allowed 24 hours before the appointment date & time. The rescheduling will be done on best effort basis.
- Appointment once booked cannot be cancelled. No refund of the amount/ member benefit utilized shall be done by the **Assistance Company**. In case customer/patient is not able to attend the appointment the same will be considered missed and no refund/reversal of member benefit utilized shall be done by the **Assistance Company**.

b. Home Diagnostic Services

- The **Assistance Company** will arrange for diagnostic services at home in India whilst **You** are on an

Insured Journey.

- We/the **Assistance Company** do not recommend or endorse any diagnostic test/packages mentioned on the portal. In all cases **You** shall also refer to any additional terms and conditions of the service provider.
- We/the **Assistance Company** do not make any representations and warranties with respect to the diagnostic labs or the quality of the services that is provided by such diagnostic labs.
- Fasting of 10-12 hours would be required, wherever applicable.
- The diagnostic lab partners have a certified quality protocol in place. Factors such as physiological disturbances, fever, dehydration, hemolysis, etc. can cause variation in reported results. In case blood sample gets lysed, the **Assistance Company**'s diagnostic lab partner will approach for a fresh sample collection, the same **Day** or another mutually decided date.
- As part of the operational procedure, copy of reports for tests completed would be shared with the **Assistance Company** by the labs/partners for the purpose of **Our** reference/recording purpose and also for billing/payout.
- Sample collection is available on the next **Day** for the booking request received before 3 pm.
- We/the **Assistance Company** do not guarantee or make any representation with respect to the correctness, completeness or accuracy of the information or details provided by labs/diagnostic partners or any third party.
- Rescheduling is allowed 24 hours before the appointment date & time. The rescheduling will be done on best effort basis.
- Appointment once booked cannot be cancelled. No refund of the amount/ member benefit utilized shall be done by the **Company**.

c. Delivery of Medicines

- The **Assistance Company** shall arrange to deliver prescription or OTC (Over the Counter) medicines in India at **Your** home, whilst **You** are on an **Insured Journey**.
- We/the **Assistance Company** do not take any representation or warranty as to legal title of the pharmaceutical goods. The **Assistance Company** is not responsible for pharmaceutical goods which are unavailable.
- In order to purchase drugs and pharmaceutical products that require a valid prescription, customers are required to upload a scanned copy of the valid prescription via email, or on the website or any other digital platform of the **Assistance Company**. Third- party pharmacies will verify the prescription forwarded by **You** and in case of any discrepancy observed by the third-party pharmacies, the order will not be processed and be cancelled.
- The OTC medicine will only be processed for medicines which do not require valid doctor prescription.
- Delivery times may vary depending on the delivery location as well as the type of product **You** order. Rescheduling of delivery is not allowed. Order once booked cannot be cancelled. No refund of the amount / member benefit utilized shall be done by the **Assistance Company**.
- Full Refund Possible If:
 - i. **You** received a defective item; or
 - ii. the ordered item(s) is lost or damaged during transit; or
 - iii. the ordered item(s) is past its expiry date.
- Same **Day** and next **Day** delivery are available in limited areas. It is delivered from **Your** local pharmacy and could attract higher delivery charges. Same **Day** delivery service is available in Mumbai, Delhi/NCR, Bengaluru, Hyderabad, Ahmedabad,

Chennai, Kolkata, Pune, and Vizag only. Standard delivery (within next 2 **Days**) is available across pan India.

2. Automated Luggage Tracking Service

When **You** opt for this service, and if **You** are outside India, notify the **Assistance Company** that **Your** luggage has been delayed, **You** will receive automatic real-time push notifications in the form of email/SMS updates every time there is a change to the status of **Your** delayed baggage. The **Assistance Company** will track and expedite the return of the delayed baggage for the first 96 hours from when the destination flight lands.

3. Lost and Found Passport Service

When **You** opt for this service, **You** shall receive e-tags to be attached to **Your** Passport for its tracking. If **You** are outside India, notify the **Assistance Company** that **Your** passport has been lost, the **Assistance Company** will track and assist in the return of **Your** lost Passport in the following manner:

- i. As soon as the Passport is found by someone and they contact the customer support desk, the **Assistance Company** will arrange the pickup from the doorstep of the finder and return it to **You**. **You** only need to pay the cost of reverse logistics at actual. The **Assistance Company** will co-ordinate with the logistics partner to get a preferred quote for the reverse logistics, the same will be communicated to **You**.
- ii. In case the passport is lost outside the Airport, **You** are required to call the **Assistance Company**, to report the loss and provide details of the incidence. Optionally, **You** can offer an additional reward to the finder.

Disclaimer of Liability for Optional Assistance Services

1. Availing the services under this benefit is purely upon the **Insured Person's** sole discretion and risk.
2. In all cases the medical professional or any attorney suggested by the **Assistance Company** shall act in a medical or legal capacity on behalf of **You** only. The **Assistance Company**

assumes no responsibility for any **Medical Advice** or legal counsel given by the medical professional or attorney. **You** shall not have any recourse to the **Assistance Company** by reason of its suggestion of a medical professional or attorney or due to any legal or other determination resulting therefrom.

3. For services that are provided through **Assistance Company**, **We** are acting as a facilitator; hence would not be liable for any incremental costs or the services. Any additional services availed, or expenses incurred on such services or benefits which are other than those covered under this **Policy** and explicitly excluded by this **Policy Schedule**, shall not be covered under this **Policy** and all expenses incurred shall be borne by the **Insured Person**.
4. **We** shall not be responsible for or liable for, any actions, claims, demands, losses, damages, costs, charges and expenses which the **Insured Person** claims to have suffered, sustained or incurred, by way of and / or on account of the benefits under Optional Assistance Services. **We** shall not be liable for any deficiency or discrepancy in the services provided by the **Assistance Company**/network provider under this **Policy**.
5. The **Insured Person** may consult any medical professional at any network provider/ **Assistance Company** at its sole discretion. The cost of service arising out of the **Insured Person's** choice of medical professional at any network provider/ **Assistance Company** shall completely be borne by the **Insured Person** unless covered otherwise. However, the services under this **Policy** should not be construed to constitute **Medical Advice** and/or substitute the **Insured Person's** visit/ consultation to an independent **Medical Practitioner**/healthcare professional.
6. The **Medical Practitioner** may suggest/ recommend/prescribe over the counter medications based on the information provided, if required on a case-to-case basis. Provided that any recommendation under this **Policy** shall not be valid for any medico legal purposes.
7. The **Insured Person** is free to choose whether or not to act on the recommendation after seeking consultation.

8. Any advice, recommendations or suggestions made by any medical professional shall be solely based on the information and documentation provided by the **Insured Person** to such medical professional. **We** shall not be liable towards any loss or damage (immediate or consequential) arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the medical professional from whom **We** have availed services or taken benefit or for any consequence of any act or omission in reliance thereon.
9. **We** at **Our** discretion may provide discounts on any of the above services which may vary from time to time subject to the IRDAI's regulations.
10. Any discount offered under redeemable voucher/discount on services by **Our** empanelled service providers are subject to modification or withdrawal. **We** do not assume any liability towards the quantum of discount, quality of product/services and timeline within which the product/service is rendered.
11. The services provided may be added / deleted / modified at **Our** discretion. The provision of these services is subject to the availability as per the duration specified by **Us/the Assistance Company**.
12. **We** reserve the right to change any **Assistance Company** during the **Policy Period**. The same shall be intimated to the **Insured Person** atleast 15 **Days** prior to the effective date of change.
13. **We** are not liable in situations where the tele-medicine or its prescriptions are not approved or valid in any overseas country.
14. In case **We** or the **Assistance Company** fails to provide any of the services as mentioned in this **Policy** or is unable to implement, in whole or in part due to force majeure , non-availability of the services, change in law, rule or regulations which affects the services, or if any regulatory or governmental agency having jurisdiction over a party takes a position which affects the services , then the suspension, curtailment or limited performance of the Optional Assistance Services

shall not constitute breach of contract and the **Company** or the **Assistance Company** shall have no liability whatsoever including but not limited to any loss or damage resulting therefrom.

GENERAL TERMS AND CONDITIONS

1. Reasonable Care

The **Insured Person(s)** must take all reasonable steps to avoid or reduce, as far as possible, any loss or damage. The **Insured Person(s)** must also make every effort to get back any property which has been lost.

2. Compliance with Terms and Conditions

Your and/or **Your Immediate Family Member's** and/or **Your** domestic staff's compliance with the terms and conditions of this **Policy**, in so far as these require anything to be done by **You** and/or by them or complied with by **You** and/or them, is a **Condition Precedent** to **Our** liability. In the event of any breach, **We** may repudiate any liability for **Your** claim.

3. Cost of pre-insurance Health checkup

Any cost related to pre-insurance health checkups will be borne by the **Insured Person** only.

We reserve the right to change the tests or ask for additional tests in case of the results of any test warrants so.

4. Travel Extension

The maximum number of travel **Days** under a Single **Trip** that may be insured, under the **Policy**, shall be one year. Any extension, if accepted by **Us** is subject to the medical condition and claim history of the **Insured Person** and will be at the **Company's** discretion.

For extension of the **Policy**, the **Insured Person** shall submit a declaration letter in the format given by **Us** clearly mentioning the claims filed during the **Policy Period** and also that he / she is unaware of any existing health condition which could result in a claim during the extension period. The **Company** reserves right to ask for additional information, treatment history, treatment papers for assessing the extension request.

If the **Insured Person** does not declare the claims filed or the claims that are to be filed under the **Policy** or any other material information, then any extension of the **Policy**, if granted shall be deemed to be invalid. No refund of premium will be given in case of extensions so invalidated. The **Company** will also not be liable to pay any claim filed under the extended **Policy**.

The premium payable for the extension of the **Policy** during the **Trip** duration shall be the premium payable for the overall **Trip** duration (including the extension) less the initial premium already paid. The premium payable for the extension of the **Policy** during the **Trip** will be as per the applicable **Trip** band and **Age** band slab. In an extended policy, the **Insured Person** shall be entitled to all benefits payable on fixed basis for which no claim has been made in the earlier in the same **Policy**. For indemnity based benefits, balance **Sum Insured** shall be available during the extended **Policy Period**, this is irrespective of the fact whether the **Policy** number of the extended cover remains same or gets changed.

5. Entire Contract - Changes:

These terms and conditions, together with the **Proposal Form**, the **Policy Schedule**, as well as any other forms and endorsements and annexures hereto, constitutes the entire contract of insurance.

No change in this **Policy** shall be valid until approved by **Our** authorised officer and such approval is endorsed hereon. No agent/intermediary has authority to change this **Policy** or to waive any of the provisions of this **Policy**.

6. Cancellation of Policy:

- (i) Single Trip: **Your Policy** will terminate on the last **Day of Policy** for which premium has been paid or on return to India from the date of commencement of the **Insured Journey**, whichever is earlier. This **Policy** is not cancellable or refundable in any other circumstance..
- (ii) Annual Multi Trip: This **Policy** will terminate on the **Policy Period End Date** mentioned in the **Policy Schedule** for

which the premium has been paid. This **Policy** may be cancelled by the **Insured Person** by giving **Us** notice of atleast fifteen (15) **Days**.

However, the **Insured Person's** coverage under this **Policy** ends on the earliest of:

- 1) The **Policy Period End Date**, as stated above; or
- 2) The **Policy** termination date; or
- 3) The date on which the **Insured Person** request, in writing, that his or her coverage be terminated is received by us;; or
- 4) Termination of the **Insured Journey**.

We may cancel this **Policy** at any time on grounds of mis-representation, fraud, or non-disclosure of material facts of the **Insured Person** by giving **You** a 15 **Days'** notice delivered to **You**, or mailed to **Your** last address / e-mail, as appears in **Our** records. In the event of cancellation for mis-representation, fraud, non-disclosure of material facts, the **Policy** shall stand cancelled ab-initio and there will be no refund of premium. **We** reserve the right to recover claims paid, if any under the **Policy**, prior to the cancellation of such **Policy**.

7. Subrogation :

Unless specifically and separately mentioned in the **Policy Schedule**, the **Insured Person** and any claimant under this **Policy** shall at **Our** expense do and concur in doing and permit to be done all such acts and things that may be necessary or reasonably required by **Us** for the purpose of enforcing any right and remedies or obtaining relief or indemnity from other parties to which **We** shall be or would become entitled or subrogated upon paying for or making good any loss or damage under this **Policy** whether such acts and things shall be or become necessary or required before or after the **Insured Person's** indemnification by **Us**.

This clause will not be applicable to covers related to Section 1- Medical Expenses – Injury and/or Illness, Section 3 - Accidental Death and Disablement (Overseas) and Section 22 – Personal Accident in India.

8. Free Look Period

The Free Look Period will be applicable for policies with the **Policy Period** of one (1) year. The **Insured Person** will be allowed a period of fifteen **Days** from the date of receipt of the **Policy** to review the terms and conditions of the **Policy**, and to return the same, if not acceptable.

If the **Insured Person** has not made any claim during the Free Look Period, the **Insured Person** shall be entitled to:

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

9. Refund of Premium on Cancellation by Insured

- **Early Return (Single Trip)**

In case **You** return from the **Insured Journey** atleast 21 **Days** prior to expiry of the **Policy Period**, **We** will refund the difference of premium between premium charged and chargeable for immediate next slab of the actual number of utilized days (as per travel slab) subject to no claims being incurred on the **Policy**.

- **Cancellation prior to Policy Start date**

Cancellation of the **Policy** may be done only prior to **Policy Start Date** stated in the **Policy Schedule** and will be subject to deduction of cancellation charge (Rs 250/- plus applicable taxes) by **Us**.

In the event of Cancellation of Policy there shall be no further liability on the Company under the policy.

- **Cancellation (Annual Multi Trip)**

We will cancel the **Policy** after **Policy Start Date** from the date of receipt of notice and premium will be

refunded as per grid given below:

Time for which Policy is in force	Refund of Premium
15 days	90% of the annual rate
1 month	85% of the annual rate
2 months	70% of the annual rate
3 months	60% of the annual rate
4 months	50% of the annual rate
5 months	40% of the annual rate
6 months	35% of the annual rate
Exceeding 6 Months	Nil refund

10 Multiple Policies

1. In case of multiple policies taken by an **Insured Person** during a period from one or more insurers to indemnify treatment costs, the **Insured Person** shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases, the insurer chosen by the **Insured Person** shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
2. The **Insured Person** having multiple policies shall also have the right to prefer claims under this **Policy** for the amounts disallowed under any other policy / policies even if the sum insured is not exhausted. Then the **Company** 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, the **Insured Person** shall have the right to choose insurer from whom he/she wants to claim the balance amount.
4. Where an **Insured Person** has policies from more than one insurer to cover the same risk on indemnity basis, the **Insured Person** shall only be indemnified the treatment

costs in accordance with the terms and conditions of the chosen policy.

11. Complete Discharge

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

12. Contribution

If, at the time of the happening of any covered event under any of the applicable benefits, where the claim is payable on indemnity basis, there shall be subsisting any other insurance of any nature whatsoever covering the same covered event whether effected by **You** or not, then **We** shall not be liable to pay or contribute more than its rateable proportion of any covered event.

This clause will be applicable to all covers except covers related to Section 1- Medical Expenses – Injury and/or Illness, Section 3 - Accidental Death and Disablement (Overseas) and Section 22 – Personal Accident in India.

13. Claim Procedure

A. Notification of Claims

If an event occurs that may give rise to a claim under this **Policy**, or if there are circumstances that are likely to give rise to a claim, it is **Condition Precent** to **Our** liability under this **Policy** that **You**:

- a) Provide **Us** with all relevant information, documentation and details of items lost, damaged or destroyed along with their values, and also any other assistance that **We** may reasonably require to enable **Us** or independent surveyors or **Our** representatives to investigate any claim and/or to establish to **Our** reasonable satisfaction that a loss of the amount stated has occurred under this **Policy**. Specifically, in the case of the notification of a circumstance likely to give rise to a claim, **You** shall also give **Us** reasons

for the anticipation of a claim with full particulars including dates and the persons involved.

- b) Preserve any damaged property so that it may, at **Our** discretion, be inspected and examined by independent surveyors or **Our** representatives.
- c) In case of actual or attempted burglary, one must in addition to a), b) and c) above:
 - i. immediately lodge a written complaint with the police listing out the items with values that were lost, damaged or destroyed and that **You** intend to claim for and forward a copy of that written complaint, the FIR and/or final report to **Us**, and
 - i. protect the remaining property from further damage as per the clause 1 of the General Terms and Conditions above, and
 - ii. within 7 **Days** supply **Us** with an inventory of damaged or stolen property detailing the quantity, age, description, actual cash value and amount of loss claimed for, in respect of each item, along with all documentation required to support and substantiate **Your** claim.
- d) In case the event or circumstance to be notified involves any form of legal process, **You** must in addition to a), b), c) and d) above:
 - i. immediately send **Us** every written notice or information of any verbal notice of a claim, and
 - i. immediately send **Us** any writ, summons, or other legal process issued or commenced against **You**, and
 - ii. permit **Us** to take over the control and conduct of the defence, pursuit or settlement of any claim and provide **Us** or **Our** representatives with such cooperation and assistance as may be required for that purpose, and
 - iii. not, without **Our** prior written consent, incur any costs, admit liability for or attempt to settle, make any admission, offer any payment or otherwise assume any contractual obligation

with respect to any legal action or threat of legal action.

- B. **Notice of Claim/Loss:** It is a **Condition Precedent** to Our liability hereunder that written notice of claim must be given by **You** to the **Assistance Company/Us** within **7 Days** after an actual or potential loss begins or as soon as reasonably possible and, in any event, no later than **30 Days** after an actual or potential loss begins. If **Your** property covered under this **Policy** is lost or damaged before the **Policy Period End Date**, **You** must:
- notify **Us** as soon as possible;
 - take immediate steps to protect, save and/or recover the covered property;
 - give immediate notice to the carrier or bailee who is or may be liable for the loss or damage;
 - notify the police or other appropriate authority in the case of robbery or theft within 24 hours.
- C. **Claim Forms:** The **Assistance Company/We**, upon receipt of a notice of claim, will furnish **You** with such forms as **We** may require for filing proofs of loss.
- D. **Time for Filing Claim Forms and Evidence:** Completed claim forms and written evidence of loss must be furnished to the **Assistance Company/Us** within thirty (30) **Days** after the date of such loss. Failure to furnish such evidence within the time required shall not invalidate nor reduce any claim if **You** can satisfy **Us** that it was not reasonably possible for **You** to give proof within such time. The **Company** may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the **Insured Person**.
- You** shall obtain and furnish to the **Assistance Company/Us** with all original bills, receipts and any other documentation upon which a claim is based at **Your** cost and shall also give **Us** in a reasonable time such additional documentation, information and assistance as **We** may require in dealing with the claim.

- E. **Supporting documentation & examination:** You or someone claiming on Your behalf shall provide Us with all documentation, medical records and information which We may request to establish the circumstances of the claim, its quantum or Our liability for the claim, within 30 Days after the date of such loss. Such documentation will include but is not limited to the following:
- i. Our claim form duly completed and signed for on behalf of the **Insured Person**.
 - ii. Copy of ticket and/or boarding pass, as applicable, with original scheduled itinerary and date of booking.
 - iii. Original bills & receipts including but not limited to pharmacy purchase bill, consultation bill, diagnostic bill and any attachments thereto like receipts or prescriptions in support of treatment taken by the **Insured Person**.
 - iv. All reports, including but not limited to all medical reports, case histories, investigation reports, treatment papers, discharge summaries.
 - v. A precise diagnosis of the treatment for which a claim is made.
 - vi. A detailed list of the individual medical services and treatments provided and a unit price for each.
 - vii. Prescriptions that name the **Insured Person** and in the case of drugs: the drugs prescribed, their price and a receipt for payment. Prescriptions must be submitted with the corresponding doctor's invoice.
 - viii. Any other document as requested by the claims department which is relevant to the coverage under the **Policy**.

Section	Coverages	Claim Documents (Cover Specific)
1	Medical Expenses- Injury and / or Illness	<ol style="list-style-type: none"> 1. Copy of medical records and discharge summary in case of Hospitalisation / treating doctor's report and prescription, if applicable; 2. Original bills/receipts; and 3. Copy of diagnostic reports/pathological/radiological reports, if any.
	Emergency Medical Evacuation (Within Section 1)	<ol style="list-style-type: none"> 1. Transport expenses proof; 2. Invoices of medical services availed during evacuation and proof of payment; and 3. Physician recommendation for medical evacuation.
2	Repatriation of Remains	<ol style="list-style-type: none"> 1. Copy of death certificate and attested postmortem report / coroner's report, where necessary; and 2. Funeral certificate along with original bills/receipt towards funeral expenses.
3	Accidental Death & Disablement	<ol style="list-style-type: none"> 1. Copy of medical records/discharge summary, in case of Hospitalisation/treating doctor's report and prescription, if applicable; 2. Original bills/receipts; 3. Copy of diagnostic reports/pathological/radiological reports, if any; 4. Copy of death certificate with cause of death; 5. Attested postmortem report / coroner's report if conducted; and 6. Attested copy of FIR/ police inquest report / police panchanama, if filed and available.
4	Emergency Medical Dental Expenses	<ol style="list-style-type: none"> 1. Copy of medical records/discharge summary, in case of Hospitalisation/treating doctor's report and prescription, if applicable; and 2. Original bills/receipts.
5	Delay of Checked-in Baggage	Property Irregularity Report (obtained from airline) mentioning hours for which the baggage got delayed.
6	Loss of Checked-in Baggage	<ol style="list-style-type: none"> 1. Property Irregularity Report (obtained from airline) and 2. Copies of correspondence with the airline authorities/others confirming the loss and details of compensation.

7	Loss of Passport	<ol style="list-style-type: none"> 1. Copy of duplicate/new passport; 2. Original bills/invoices of expenses incurred for obtaining a new passport; and 3. Copy of FIR/ police report.
8	Personal Liability	<ol style="list-style-type: none"> 1. Full statement of the facts in writing along with witness statements; 2. Any other documents relevant to the incident, including summons, legal notice etc.; and 3. Any other information the Insured Person would like to share with Us.
9	Flight Delay	<ol style="list-style-type: none"> 1. Copies of correspondence with the airline authorities certifying with reason for the delay.
10	Trip Curtailment	<ol style="list-style-type: none"> 1. Medical records / death certificate of the Insured Person, Travelling Companion or the Immediate Family Member; 2. Airline correspondence (copy of passenger list etc.), with details of hijack incident; 3. Copy of ticket and copies of correspondence with the airline related to the Trip cancellation; and 4. Any other documentary evidences, like newspaper cutting etc. related to mass bandhs/shutdowns or widespread strikes/ catastrophe acknowledged/ published by public authority, if any.
11	Trip Cancellation	<ol style="list-style-type: none"> 1. Medical records / death certificate of the Insured Person, Travelling Companion or the Immediate Family Member; 2. Details / supporting documents of amount refunded by the Common Carrier; 3. Copy of ticket and copies of correspondence with the airline related to the Trip cancellation; and 4. Medical certificate from the Physician (not older than 15 Days from the Trip start date) which confirms or certifies the inability of the Insured Person, Travelling Companion or the Immediate Family Member, to travel on the Insured Journey due to medical reasons.

12	Missed Flight/ Connection	<ol style="list-style-type: none"> 1. Airline correspondence on the delay; 2. Details / supporting documents of amount refunded by the Common Carrier; 3. Copy of new ticket and boarding pass with copies of correspondence with the airline related to the missed Trip; 4. Any other document evidences, like newspaper cutting etc. related to mass bandhs/shutdowns or widespread strikes/ catastrophe acknowledged/published by public authority, if any; and 5. Proof of Accident of vehicle used immediately prior to reaching airport.
13	Bounced Hotel / Airline booking	<ol style="list-style-type: none"> 1. Correspondence with accommodation service provider or hotel booking agency for confirmed advance booking and the reason for bounced booking of the accommodation; 2. Details / supporting documents of amount refunded by accommodation; 3. Correspondence with airline for confirmed advance booking and the reason for not boarding the flight; 4. Copy of new ticket and /or boarding pass; and 5. Details / supporting documents of amount refunded by the Common Carrier for the original scheduled ticket and the copy of new ticket.
14	Fraudulent Charges	<ol style="list-style-type: none"> 1. Documentation from the eligible card issuer(s) verifying the unauthorized charges; 2. An official police report regarding the loss; 3. Written intimation to make a claim and obtain the proper forms and instructions within 24 hours from discovering an unauthorized charge was made; 4. File an FIR within 24 hours of discovering Your loss; and 5. FIR, demands, notices, bank/ card statement and any other documents We may ask You to provide.
15	Emergency Extension	<ol style="list-style-type: none"> 1. Airline correspondence on the delay and return ticket certifying the end of the Trip.

16	Home Content Burglary (In Rs.)	<ol style="list-style-type: none"> 1. Copy of FIR, panchanama etc.; 2. Copy of estimate loss acknowledged by police; 3. Details of items lost, damaged duly supported by purchase invoices, in case invoices are not available, such proofs should be submitted which may help the claim assessor/ surveyor to arrive at the value of the items claimed against this cover; 4. Bills and payment proof of the payment made for repairs, if any; and 5. Any other documentary evidences, like newspaper cutting etc., if any.
17	Hijack/ Kidnap Daily Allowance	<ol style="list-style-type: none"> 1. Full statement of the events in writing; 2. Airline correspondence (copy of passenger list etc.), with details of hijack incident; and 3. Copy of FIR in case of kidnapping.
18	Accommodation Extension	<ol style="list-style-type: none"> 1. Copy of Medical records/discharge summary in case of Hospitalisation / treating doctor's report and prescription, if applicable; 2. Original bills/receipts; 3. Copy of diagnostic reports/pathological/ radiological reports, if any; 4. Details / supporting documents of amount charged by accommodation; 5. Details of original itinerary and revised itinerary supported by relevant documents including travel tickets and accommodation booking details; 6. Evidence in case the delay is caused by earthquake, floods resulting from unseasonal rains, storm or cyclone or terrorism; and 7. In case of delay solely attributable to the Common Carrier and beyond the control of the Insured Person, confirmation by the Common Carrier of the said delay having taken place at their instance together with a copy of the claim made on the Common Carrier for expenses incurred as a result of the delay.

19	Loss of International driving license	1. Copy of duplicate/new license; 2. Original bills/invoices of expenses incurred for obtaining a duplicate/new license; and 3. Copy of FIR/ police report.
20	Flight Cancellation	1. Details / supporting documents of amount refunded by the Common Carrier and 2. Airline correspondence on the cancellation.
21	Loss of Personal Baggage	1. Copy of FIR and final police report, in case of theft or Burglary stating the loss of items; 2. Itemized list of lost items along with the invoices and receipts of the lost items; and 3. Proof of ownership of items.
22	Personal Accident in India (in INR)	1. Copy of medical records/discharge summary, in case of Hospitalisation /treating doctor's report and prescription, if applicable; 2. Original bills/receipts; 3. Copy of diagnostic reports/pathological/radiological reports, if any; 4. Copy of death certificate with cause of death; 5. Attested postmortem report / coroner's report if conducted; and 6. Attested copy of FIR/ police inquest report / police panchanama, if filed and available.
23	Compassionate Travel/Stay	1. Copy of medical records / discharge summary; 2. Copy of diagnostic reports/pathological/radiological reports, if any; 3. Copy of new ticket & boarding pass of the Immediate Family Member ; 4. Copy of original scheduled itinerary for the Insured Person ; and 5. Bills and receipts for accommodation and meals of the Immediate Family Member during the compassionate visit.

24	Loss of Cash	<ol style="list-style-type: none"> 1. Copy of FIR/police report (stating the loss of cash), subject to relevant authorities having jurisdiction at the place of the loss within 12 hours after the incident; 2. Proof of Forex purchase; and 3. If the incident happened in the Common Carrier, airport or the accommodation where the Insured Person was staying, proof of loss in writing from the Common Carrier or accommodation authorities with compensation details.
25	Up-Gradation to Business Class	<ol style="list-style-type: none"> 1. Copy of medical records/discharge summary, in case of Hospitalisation/ treating doctor's report and prescription, if applicable; 2. Copy of diagnostic reports/pathological/radiological reports, if any; 3. Cancellation and refund details of the original return ticket if upgradation is not allowed along with the copy of new ticket; and 4. Confirmation (tickets) of additional fare incurred towards the upgradation from airlines of the original return ticket.
26	Rental Vehicle Cover	<ol style="list-style-type: none"> 1. Copy of car rental agreement; 2. A police report/ FIR confirming the incident; 3. Copy of Internationally recognized license; and 4. Bills and payment receipts.
27	Rental Vehicle Return	<ol style="list-style-type: none"> 1. Copy of rental vehicle booking bills with original scheduled itinerary and date of booking; 2. A police report/ FIR confirming the incident; 3. Copy of rental agreement; 4. Copies of correspondence with the rental company depicting the damage to the vehicle and delay charged; and 5. Proof of payment.
28	Alternative Transport Expenses	<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/cancellation/diversion/shortening of the Trip & actual date and time of arrival; and 3. Purchase bills/ receipts of alternate transport tickets.

29	Pandemic Cover	<ol style="list-style-type: none"> Proof that this Illness has been declared as a pandemic as at a Phase 4 or higher level by the World Health Organization; Proof that the Insured Person was required to be quarantined with doctor's prescription; and Copy of diagnostic reports/pathological/radiological reports of the Insured Person.
30	Hospital Daily Cash	<ol style="list-style-type: none"> Copy of medical records and discharge summary in case of Hospitalisation / treating doctor's report and prescription, if applicable and Copy of diagnostic reports/pathological/radiological reports, if any.
31	Missed Booking	<ol style="list-style-type: none"> Medical reports / death certificate of the Insured Person, Travelling Companion or the Immediate Family Member; Details / supporting documents of amount refunded by the Common Carrier and accommodation; Copy of ticket and copies of correspondence with the airline related to the Trip cancellation; Event cancellation / missed reason and proof that event has been cancelled / missed; and Any other document evidences, like newspaper cutting etc. related to mass bandhs/shutdowns or widespread strikes/catastrophe, acknowledged/published by public authority, if any.
32	Visa Rejection	<ol style="list-style-type: none"> Proof of visa appointment and visa rejection from the embassy and Proof of visa reapplication
33	Missed Cruise	<ol style="list-style-type: none"> Details / supporting documents of amount refunded by the cruise; Copy of new ticket and boarding pass with copies of correspondence with the cruise related to the missed Trip; and Any other document evidences, like newspaper cutting etc. related to mass bandhs/shutdowns or widespread strikes/catastrophe, acknowledged/published by public authority, if any.

34	Common Carrier-Cruise Interruption	<ol style="list-style-type: none"> 1. Copy of original cruise itinerary and date of booking; 2. Copy of medical records/discharge summary, in case of Hospitalisation / treating doctor's report and prescription, if applicable; 3. Copy of diagnostic reports/pathological/radiological reports, if any; and 4. Copy of the travelling expenses incurred towards any alternate travel bookings in reaching the next closest port where the vessel shall dock so that the Insured Person can join back the same cruise.
35	Accompaniment of Minor Child	<ol style="list-style-type: none"> 1. Copy of new ticket & boarding pass for minor child; 2. Copy of new ticket & boarding pass for the Immediate Family Member as accompaniment of the child; 3. Copy of medical records/discharge summary, in case of Hospitalisation / treating doctor's report and prescription, if applicable; and 4. Copy of diagnostic reports/pathological/radiological reports, if any.
36	Frequent Flyer Cover	<ol style="list-style-type: none"> 1. Medical records / death certificate of the Insured Person, Travelling Companion or the Immediate Family Member; 2. Details / supporting documents of amount refunded by the Common Carrier; 3. Copy of ticket and copies of correspondence with the airline related to Trip cancellation; and 4. Proof that the tickets were booked using frequent flyer/reward program.
37	Loss to Electronic Portable Items	<ol style="list-style-type: none"> 1. Copy of FIR/police report (stating the loss of items); 2. Proof of loss in writing; and 3. Proof of ownership (original bills and receipts) and bills and receipts of repairs.
38	Lifestyle Modification Cover	<ol style="list-style-type: none"> 1. Disability certificate and 2. Medical Practitioner's report suggesting requirement of prosthetics.

39	Child Education Benefit	<ol style="list-style-type: none"> 1. Copy of death certificate with cause of death of the Insured Person; 2. Attested postmortem report / coroner's report if conducted; and 3. Attested copy of FIR/ police inquest report / police panchanama, if filed and available..
40	Coma Cover	<ol style="list-style-type: none"> 1. Copy of medical records/discharge summary, in case of Hospitalisation/ treating doctor's report and prescription, if applicable; 2. Original bills/receipts; 3. Copy of diagnostic reports/pathological/ radiological reports, if any; and 4. Attested copy of FIR/ police inquest report / police panchanama, if filed and available.
41	Adventure Sports	<ol style="list-style-type: none"> 1. Proof that the Injury/Illness is due to participation in Adventure Sports; 2. Copy of medical records/discharge summary, in case of Hospitalisation / treating doctor's report and prescription, if applicable; 3. Original bills/receipts; 4. Copy of diagnostic reports/pathological/ radiological reports, if any; 5. Transport expenses proof, if applicable; 6. Invoices of medical services availed during evacuation, if applicable; 7. Physician recommendation for medical evacuation, if applicable; 8. Copy of death certificate with cause of death, if applicable; 9. Attested postmortem report / coroner's report if conducted; and 6. Attested copy of FIR/ police inquest report / police panchanama, if filed and available.

F. Time of Payment of Claim:

- a) 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.
- b) In the case of delay in the payment of a claim, the **Company** shall be liable to pay interest to the **Insured Person(s)** from the date of receipt of last necessary

document to the date of payment of claim at a rate 2% above the **Bank rate**.

- c) 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.
- d) In case of delay beyond stipulated 45 **Days**, the **Company** shall be liable to pay interest to the **Insured Person(s)** at a rate 2% above the **Bank rate** from the date of receipt of last necessary document to the date of payment of claim.

(In this clause, "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)

G. **Payment of Claim:**

- a) Any claim incurred outside the **Policy Period** shall not be admissible under this **Policy**.
- b) Payment for any cashless claim will be made to the overseas provider / facility in the prevalent currency of the said country or in USD (at the discretion of the **Company**) based on the exchange rate as prevalent on the date of payment & incase of payment through **Assistance Company** on the date of invoice raised to **Us**.
- c) All reimbursement Claims shall be paid in India in Indian Rupees. For the purpose of reimbursement claim payments all currencies shall be converted into USD (as the **Sum Insured** under the **Policy** are in USD) and later to INR (as reimbursement payment will be in INR only).
- d) Smart payment means settlement of Flight Delay and Cancellation claims immediately by the Company, the moment you become eligible as per policy terms and conditions and fulfilment of requirements for such immediate payment. This facility at the sole discretion of the **Company** will be available provided that the same has been mentioned in the **Policy Schedule**. If the Customer

is unable to provide Flight details within stipulated time or due to any Technical or other reasons and the **Company** is unable to settle Flight Delay and Cancellation on smart payment basis then the same shall be settled as per Claim process detailed under General Terms & Conditions – Claim procedure .

- e) The Company will have a choice at its sole discretion to process / settle Claims, for any specified covers digitally including payment.

14. Claim Related Information

For any claim related query, intimation of claim and submission of claim related documents, **You** can contact **Our Assistance Company** - <<**Europ-Assistance India**>> through:

For Policies with

Geographical Scope as Worldwide

Please Call+1-833-440-1575 (Tollfree within US and Canada)

Email: tata.aig@europ-assistance.in

Geographical Scope as Other than Worldwide

Call: +91-022 68227600

Email: EA.TATAclaims@europ-assistance.in

While in India, contact at below numbers for any claim related assistance -

Toll Free No 1800 266 7780 or 1800 22 9966 (only for senior citizen Policy holders)

Call these local helpline numbers in **Your** respective cities from any other line: Mumbai - 66939500, Delhi - 66603500, Bangalore - 66272829, Pune - 66014156, Chennai - 66841050, Hyderabad - 66629882, Ahmedabad - 66610201

Email: general.claims@tataaig.com

Write to:

TATA AIG General Insurance Company Limited

7th and 8th Floor, Romell Tech Park, Cama Industrial Estate, Western Express Highway, Goregaon(E), Mumbai, Maharashtra 400063

15. Redressal of Grievance

In case of any grievance the **Insured Person** may contact through:

Website: www.tataaig.com

Call **Us** 24X7 toll free helpline 1800 266 7780 or 1800 22 9966 (Senior Citizen) Email **Us** at customersupport@tataaig.com

Write to **Us** at: Customer Support, TATA AIG General Insurance Company Limited

7th and 8th Floor, Romell Tech Park, Cama Industrial Estate, Western Express Highway, Goregaon(E), Mumbai, Maharashtra 400063

Visit the Servicing Branch mentioned in the **Policy**.

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

Nodal Officer : Please visit our website at www.tataaig.com to know the contact details of the Nodal Officer for your servicing branch.

After investigating the grievance internally and subsequent closure, we will send our response within a period of 10 days from the date of receipt of the complaint by the Company or its office in Mumbai. In case the resolution is likely to take longer time, we will inform you of the same through an interim reply.

Escalation Level 1

For lack of a response or if the resolution still does not meet **Your** expectations, **You** can write to manager.customersupport@tataaig.com. After investigating the matter internally and subsequent closure, **We** will send **Our** response within a period of **8 Days** from the date of receipt of **Your** complaint on this email id.

Escalation Level 2

For lack of a response or if the resolution still does not meet **Your** expectations, **You** can write to the Head - Customer Services at head.customerservices@tataaig.com. After

examining the matter, **We** will send **You Our** final response within a period of **7 Days** from the date of receipt of **Your** complaint on this email id. Within **30 Days** of lodging a complaint with **Us**, if **You** do not get a satisfactory response from **Us** and **You** wish to pursue other avenues for redressal of grievances, **You** may approach the Insurance Ombudsman appointed by the IRDAI under the Insurance Ombudsman Scheme.

For the latest list of Insurance Ombudsman, please refer to the IRDAI website at <https://www.irdai.gov.in/> and the Ombudsman website at <http://www.cioins.co.in/ombudsman.html>.

The address and contact details of the Insurance Ombudsman Centers is given below:

List of Insurance Ombudsman

SN	Centre	Address & Contact	Jurisdiction
1	AHMEDABAD	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.
2	BENGALURU	Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1 st Phase, Bengaluru — 560 078. Tel.: 080 — 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka.
3	BHOPAL	Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal — 462 003. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh, Chhattisgarh.

4	BHUBANESWAR	Office of the Insurance Ombudsman, 62, Forest Park, Bhubaneswar — 751 009. Tel.: 0674 - 2596461 / 2596455 Email: bimalokpal.bhubaneswar@cioins.co.in	Odisha
5	CHANDIGARH	Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17- D, Chandigarh — 160 017. Tel.: 0172 - 2706196 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.
6	CHENNAI	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai — 600 018. Tel.: 044 - 24333668 / 24335284 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).
7	DELHI	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi — 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.
8	GUWAHATI	Office of the Insurance Ombudsman, Jeevan Nivesh, 5 th 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.

9	HYDERABAD	Office of the Insurance Ombudsman, 6-2 46, 1 st floor, "Moin Court ", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi - Ka - Pool, Hyderabad - 500004 Tel.: 040 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
10	JAIPUR	Office of the Insurance Ombudsman, Jeevan Nidhi - II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur 302 005 Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan
11	ERNAKULAM	Office of the Insurance Ombudsman, 2 nd Floor. Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682015 Tel.: 0484 - 2358759 / 2359338 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
12	KOLKATA	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4 th Floor, 4, C.R. Avenue, Kolkata - 700 072 Tel.: 033 22124339 / 22124340 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.

			Districts of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gajipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahrach, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkar nagar, Sultanpur, Maharajganj, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
13	LUCKNOW	Office of the Insurance Ombudsman, 6 th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow 226 001 Tel.: 0522 - 2231330 / 2231331 Email: bimalokpal.lucknow@cioins.co.in	
14	MUMBAI	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S V Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/29/30/31 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).

15	NOIDA	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, Bulandshahar, 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, Kan-shiramnagar, Saharanpur.
16	PATNA	Office of the Insurance Ombudsman, 2 nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001 Tel.: 0612 -2547068 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand.
17	PUNE	Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, CTS. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune — 411 030. Tel. 020-41312555 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).

Grievance Redressal Procedure:**As per Regulation 17 of IRDA of India (Protection of Policyholders Interests) Regulation. 2017.**

List of excluded expenses (non-medical) under indemnity policy are uploaded on **Our** website. Please login to [https://www.tataaig.com/downloads/Others/Annexure-I-List of Optional Items](https://www.tataaig.com/downloads/Others/Annexure-I-List%20of%20Optional%20Items)

Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the Policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.
2. Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees

Insurance is the subject matter of solicitation. For more details on benefits, exclusions, limitations, terms & conditions, please read the policy wordings carefully, before concluding a sale.

ANNEXURE 1

Plans		Silver Plus-Plan A	Gold -Plan A	Platinum -Plan A	
Annual Multi Trip (AMT) Options (12 years and above, only for Worldwide)		30/45/60/90/120/150/180 Days			
Geographic Scope	Worldwide including USA/Canada	Yes	Yes	Yes	
Age Band		3 Months - 70 Years			
Coverage Details	Deductible	Sum Insured in US \$			
Medical Expenses- Injury and / or Illness		Unlimited Sum Insured with USD 100000 per incident/loss, arising out of the same illness/injury. Maximum liability - PED** upto USD 5000 Sum insured- life threatening conditions	Unlimited Sum Insured with USD 250000 per incident/loss, arising out of the same illness/injury. Maximum liability - PED** upto USD 10000 Sum insured- life threatening conditions	Unlimited Sum Insured with USD 500000 per incident/loss, arising out of the same illness/injury. Maximum liability - PED** upto USD 12500 Sum insured- life threatening conditions	
Emergency Medical Evacuation		Upto Section 1 ^{^^} Sum Insured	Upto Section 1 ^{^^} Sum Insured	Upto Section 1 ^{^^} Sum Insured	
	Deductible	100	100	100	
Repatriation of Mortal Remains		25% of Section 1 ^{^^} Sum Insured (over and above)	25% of Section 1 ^{^^} Sum Insured (over and above)	25% of Section 1 ^{^^} Sum Insured (over and above)	

^{^^}Section 1 of Policy Wording | **Pre-Existing Conditions

Accidental Death & Disablement (Overseas)		AD:10000, Disablement: 10000, Total - 10000	AD:15000, Disablement: 15000, Total - 15000	AD:25000, Disablement: 25000, Total - 25000
Emergency Medical Dental Expenses		400	500	1000
	Deductible	50	50	50

Plans		Silver Plus-Plan B	Gold -Plan B	Platinum - Plan B
Annual Multi Trip (AMT) Options (12 years and above, only for Worldwide)		30/45/60/90/120/150/180 Days		
Geographic Scope	Worldwide including USA/Canada	Yes	Yes	Yes
Age Band		3 Months - 70 Years		
Coverage Details	Deductible	Sum Insured in US \$		
Medical Expenses- Injury and / or Illness		Unlimited Sum Insured with USD 100000 per incident/loss, arising out of the same illness/ injury. Maximum liability - PED** upto USD 5000 Sum insured- life threatening conditions	Unlimited Sum Insured with USD 250000 per incident/loss, arising out of the same illness/injury. Maximum liability - PED** upto USD 10000 Sum insured- life threatening conditions	Unlimited Sum Insured with USD 500000 per incident/loss, arising out of the same illness/injury. Maximum liability - PED** upto USD 12500 Sum insured- life threatening conditions

^^Section 1 of Policy Wording | **Pre-Existing Conditions

Emergency Medical Evacuation		Upto Section 1 ^{^^} Sum Insured	Upto Section 1 ^{^^} Sum Insured	Upto Section 1 ^{^^} Sum Insured
	Deductible	100	100	100
Repatriation of Mortal Remains		25% of Section 1 ^{^^} Sum Insured (over and above)	25% of Section 1 ^{^^} Sum Insured (over and above)	25% of Section 1 ^{^^} Sum Insured (over and above)
Accidental Death & Disablement (Overseas)		AD:10000, Disablement: 10000, Total - 10000	AD:15000, Disablement: 15000, Total - 15000	AD:25000, Disablement: 25000, Total - 25000
Emergency Medical Dental Expenses		400	500	1000
	Deductible	50	50	50
Delay of Checked-in Baggage		-	4 hours delay : USD 45	4 hours delay : USD 50
Loss of Checked-in Baggage		200	300	300
Loss of Passport		250	250	250
	Deductible	25	25	25
Flight Delay			4 hours delay : USD 45. For all overseas flights taken during Insured Trip	4 hours delay : USD 50. For all overseas flights taken during Insured Trip
Trip Curtailment		500	750	1000
	Deductible	50	75	100

^{^^}Section 1 of Policy Wording | **Pre-Existing Conditions

Trip Cancellation		500	750	1000
	Deductible	50	50	100
Missed Flight/ Connection		250	500	750
Bounced Hotel / Airline booking		500	750	1000
	Deductible	50	75	100

Plans		Silver
Annual Multi Trip (AMT) Options (12 years and above, only for Worldwide)		30/45/60/90/120/150/180 Days
Geographic Scope	Schengen	Yes, Schengen - Silver
	Worldwide including USA/Canada	Yes
	Worldwide including USA/Canada	Yes
Age Band		3 Months - 70 Years
Coverage Details	Deductible	Sum Insured in US \$
Medical Expenses- Injury and / or Illness		Unlimited Sum Insured with USD 50000 per incident/loss, arising out of the same illness/injury. Maximum liability - PED** upto USD 2500 Sum insured- life threatening conditions
Emergency Medical Evacuation		Upto Section 1 ^{^^} Sum Insured
	Deductible	100
Repatriation of Mortal Remains		25% of Section 1 ^{^^} Sum Insured (over and above)

^{^^}Section 1 of Policy Wording | **Pre-Existing Conditions

Accidental Death & Disablement (Overseas)		AD:10000, Disablement:10000, Total - 10000
Emergency Medical Dental Expenses		300
	Deductible	50
Delay of Checked-in Baggage		4 hours delay : USD 40
Loss of Checked-in Baggage		200
		250
Loss of Passport	Deductible	25
		100000
Personal Liability	Deductible	200
		500
Trip Curtailment	Deductible	50
		500
Trip Cancellation	Deductible	50
Missed Flight/ Connection		250
Bounced Hotel / Airline booking		500
	Deductible	50
Fraudulent Charges		Per Occurrence Limit 250; Aggregate Limit 500
Emergency Extension of the Policy		7 days
Home Content Burglary (in INR)		50000
	Deductible	5000
Accommodation Extension		100 per day Max upto 10 days

Plans		Silver Plus
Annual Multi Trip (AMT) Options (12 years and above, only for Worldwide)		30/45/60/90/120/150/180 Days
Geographic Scope	Schengen	Yes, Schengen - Silver Plus
	Worldwide including USA/Canada	Yes
	Worldwide including USA/Canada	Yes
Age Band		3 Months - 70 Years
Coverage Details	Deductible	Sum Insured in US \$
Medical Expenses- Injury and / or Illness		Unlimited Sum Insured with USD 100000 per incident/loss, arising out of the same illness/ injury. Maximum liability - PED** upto USD 5000 Sum insured- life threatening conditions
Emergency Medical Evacuation	Deductible	Upto Section 1 ^{^^} Sum Insured
Repatriation of Mortal Remains		100
Accidental Death & Disablement (Overseas)		25% of Section 1 ^{^^} Sum Insured (over and above)
Emergency Medical Dental Expenses		AD:10000, Disablement:10000, Total - 10000
Delay of Checked-in Baggage		4 hours delay : USD 40
Loss of Checked-in Baggage		200
Loss of Passport	Deductible	250
		25

^{^^}Section 1 of Policy Wording | **Pre-Existing Conditions

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TATA AIG GENERAL INSURANCE COMPANY LIMITED

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Lower Parel, Mumbai – 400013

• 24x7 Toll Free No: 1800 266 7780 or 1800 22 9966 (Senior Citizen)

Email: customersupport@tataaig.com

Website: www.tataaig.com • IRDA of India Registration No: 108

CIN:U85110MH2000PLC128425 • Travel Guard Plus UIN: TATTIOP24162V012324

Personal Liability		100000
	Deductible	200
Trip Curtailment		500
	Deductible	50
Trip Cancellation		500
	Deductible	50
Missed Flight/ Connection		250
Bounced Hotel / Airline booking		500
	Deductible	50
Fraudulent Charges		Per Occurrence Limit 250; Aggregate Limit 500
Emergency Extension of the Policy		7 days
Home Content Burglary (in INR)		100000
	Deductible	5000
Hijack/Kidnap Daily Allowance		75 (Per 12 hours max 10 days)
Accommodation Extension		250 per day Max upto 10 days
Loss of International driving license		100
Flight Cancellation		75

Plans		Gold
Annual Multi Trip Options (12 years and above, only for Worldwide)		30/45/60/90/120/150/180 Days
Geographic Scope	Schengen	Yes, Schengen - Gold
	Worldwide including USA/Canada	Yes
	Worldwide including USA/Canada	Yes
Age Band		3 Months - 70 Years
Coverage Details	Deductible	Sum Insured in US \$
Medical Expenses- Injury and / or Illness		Unlimited Sum Insured with USD 250000 per incident\loss, arising out of the same illness/injury. Maximum liability - PED** upto USD 10000 Sum insured- life threatening conditions
Emergency Medical Evacuation	Deductible	Upto Section 1 ^{^^} Sum Insured
Repatriation of Mortal Remains		100
Accidental Death & Disablement (Overseas)		25% of Section 1 ^{^^} Sum Insured (over and above)
Emergency Medical Dental Expenses		AD:15000, Disablement:15000, Total - 15000
Delay of Checked-in Baggage		500
Loss of Checked-in Baggage		50
Loss of Passport	Deductible	4 hours delay : USD 45
		300
		250
	Deductible	25

^{^^}Section 1 of Policy Wording | **Pre-Existing Conditions

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Personal Liability		200000
	Deductible	200
Flight Delay		4 hours delay : USD 45 For all overseas flights taken during Insured Trip
Trip Curtailment		750
	Deductible	75
Trip Cancellation		750
	Deductible	50
Missed Flight/ Connection		500
Bounced Hotel / Airline booking		750
	Deductible	75
Fraudulent Charges		Per Occurrence Limit : 500; Aggregate Limit: 1000
Emergency Extension of the Policy		7 days
Home Content Burglary (In INR)		150000
	Deductible	5000
Hijack/Kidnap Daily Allowance		100 (Per 12 hours max 10 days)
Accommodation Extension		300 per day Max upto 10 days
Loss of International driving license		100
Flight Cancellation		75
Loss of Personal Baggage		200
	Deductible	30
Personal Accident in India (in INR)		1500000

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Plans		Platinum
Annual Multi Trip (AMT) Options (12 years and above, only for Worldwide)		30/45/60/90/120/150/180 Days
Geographic Scope	Schengen	Yes, Schengen - Platinum
	Worldwide including USA/Canada	Yes
	Worldwide including USA/Canada	Yes
Age Band		3 Months - 70 Years
Coverage Details	Deductible	Sum Insured in US \$
Medical Expenses- Injury and / or Illness		Unlimited Sum Insured with USD 500000 per incident\loss, arising out of the same illness/injury. Maximum liability - PED** upto USD 12500 Sum insured- life threatening conditions
Emergency Medical Evacuation	Deductible	Upto Section 1 ^{^^} Sum Insured
Repatriation of Mortal Remains		100
Accidental Death & Disablement (Overseas)		25% of Section 1 ^{^^} Sum Insured (over and above)
Emergency Medical Dental Expenses		AD:25000, Disablement:25000, Total - 25000
Delay of Checked-in Baggage		1000
Loss of Checked-in Baggage		50
Loss of Passport	Deductible	300
		250
	Deductible	25

^{^^}Section 1 of Policy Wording | **Pre-Existing Conditions

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CIN:U85110MH2000PLC128425 • Travel Guard Plus UIN: TATTIOP24162V012324

Personal Liability		500000
	Deductible	250
Flight Delay		4 hours delay : USD 50 For all overseas flights taken during Insured Trip
Trip Curtailment		1000
	Deductible	100
Trip Cancellation		1000
	Deductible	100
Missed Flight/ Connection		750
Bounced Hotel / Airline booking		1000
	Deductible	100
Fraudulent Charges		Per Occurrence Limit: 1000; Aggregate Limit: 2000
Emergency Extension of the Policy		15 days
Home Content Burglary (In INR)		250000
	Deductible	5000
Hijack/Kidnap Daily Allowance		150 (Per 12 hours max 10 days)
Accommodation Extension		750 per day Max upto 10 days
Loss of International driving license		100
Flight Cancellation		150
Loss of Personal Baggage		300
	Deductible	30
Personal Accident in India (in INR)		2000000

Compassionate Travel/Stay		Return fare for any one Company in person- Spouse/ Children/ Immediate family member Stay for Insured's Spouse, Children, family - 3500
Loss of Cash		125

Plans		Titanium
Annual Multi Trip (AMT) Options (12 years and above, only for Worldwide)		30/45/60/90/120/150/180 Days
Geographic Scope	Schengen	Yes, Schengen - Titanium
	Worldwide including USA/Canada	Yes
	Worldwide including USA/Canada	Yes
Age Band		3 Months - 60 Years
Coverage Details	Deductible	Sum Insured in US \$
Medical Expenses- Injury and / or Illness		Unlimited Sum Insured with USD 750000 per incident\loss, arising out of the same illness/injury. Maximum liability - PED** upto USD 15000 Sum insured- life threatening condition
wEmergency Medical Evacuation	Deductible	Upto Section 1 ^{^^} Sum Insured
Repatriation of Mortal Remains		25% of Section 1 ^{^^} Sum Insured (over and above)
Accidental Death & Disablement (Overseas)		AD:50000, Disablement:50000, Total - 50000

^{^^}Section 1 of Policy Wording | **Pre-Existing Conditions

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CIN:U85110MH2000PLC128425 • Travel Guard Plus UIN: TATTIOP24162V012324

Emergency Medical Dental Expenses		1000
	Deductible	50
Delay of Checked-in Baggage		4 hours delay : USD 50
Loss of Checked-in Baggage		400
Loss of Passport		500
	Deductible	25
Personal Liability		500000
	Deductible	250
Flight Delay		4 hours delay : USD 50 For all overseas flights taken during Insured Trip
Trip Curtailment		1000
	Deductible	100
Trip Cancellation		1000
	Deductible	100
Missed Flight/ Connection		750
Bounced Hotel / Airline booking		2500
	Deductible	100
Fraudulent Charges		Per Occurrence Limit: 1250; Aggregate Limit: 2500
Emergency Extension of the Policy		15 days
Home Content Burglary (In INR)		500000
	Deductible	5000
Hijack/Kidnap Daily Allowance		150 (Per 12 hours max 10 days)

Accommodation Extension		1000 per day Max upto 10 days
Loss of International driving license		150
Flight Cancellation		200
Loss of Personal Baggage		400
	Deductible	30
Personal Accident in India (in INR)		2500000
Compassionate Travel/Stay		Return fare for any one Company in person- Spouse/ Children/ Immediate family member Stay for Insured's Spouse, Children, family - 5000
Loss of Cash		250
Up-Gradation to Business Class		750
Rental Vehicle Cover		500
Rental Vehicle Return		250
Alternative Transport Expenses		750
Pandemic Cover		500

Plans		Titanium Plus
Annual Multi Trip (AMT) Options (12 years and above, only for Worldwide)		30/45/60/90/120/150/180 Days
Geographic Scope	Schengen	Yes, Schengen - Titanium Plus
	Worldwide including USA/Canada	Yes
	Worldwide including USA/Canada	Yes
Age Band		3 Months - 60 Years
Coverage Details	Deductible	Sum Insured in US \$
Medical Expenses- Injury and / or Illness		Unlimited Sum Insured with USD 1000000 per incident/loss, arising out of the same illness/injury. Maximum liability - PED** upto USD 20000 Sum insured- life threatening conditions
Emergency Medical Evacuation		Upto Section 1^^ Sum Insured
	Deductible	100
Repatriation of Mortal Remains		25% of Section 1^^ Sum Insured (over and above)
Accidental Death & Disablement (Overseas)		AD:75000, Disablement:75000, Total - 75000
Emergency Medical Dental Expenses		1200
	Deductible	50
Delay of Checked-in Baggage		4 hours delay : USD 50
Loss of Checked-in Baggage		500

^^Section 1 of Policy Wording | **Pre-Existing Conditions

Loss of Passport		500
	Deductible	25
Personal Liability		500000
	Deductible	250
Flight Delay		4 hours delay : USD 50 For all overseas flights taken during Insured Trip
Trip Curtailment		1500
	Deductible	100
Trip Cancellation		1500
	Deductible	100
Missed Flight/ Connection		750
Bounced Hotel / Airline booking		5000
	Deductible	100
Fraudulent Charges		Per Occurrence Limit: 1250; Aggregate Limit: 2500
Emergency Extension of the Policy		15 days
Home Content Burglary (In INR)		500000
	Deductible	5000
Hijack/Kidnap Daily Allowance		200 (Per 12 hours max 10 days)
Accommodation Extension		1000 per day Max upto 10 days
Loss of International driving license		150
Flight Cancellation		250

Loss of Personal Baggage		500
	Deductible	30
Personal Accident in India (in INR)		5000000
Compassionate Travel/Stay		Return fare for any one Company in person- Spouse/ Children/ Immediate family member Stay for Insured's Spouse, Children, family - 5000
Loss of Cash		375
Up-Gradation to Business Class		1000
Rental Vehicle Cover		500
Rental Vehicle Return		500
Alternative Transport Expenses		1000
Pandemic Cover		500
Hospital Daily Cash (Per Day)		75 USD per day max upto 10 days
Missed Booking		750
Visa Rejection		100

Plans		Senior	Senior Plus	Super Senior
Annual Multi Trip (AMT) Options (12 years and above, only for Worldwide)		30/45 Days	30/45 Days	NA
Geographic Scope	Schengen	Schengen - Senior Plan	Schengen - Senior Plan Plus	Schengen - Super Senior Plan
	Worldwide including USA/Canada	Yes	Yes	Yes
	Worldwide including USA/Canada	Yes	Yes	Yes
Age Band		71 - 80 years	71 - 80 years	81 Onward
Coverage Details	Deductible	Sum Insured in US \$		
Medical Expenses- Injury and / or Illness		Unlimited Sum Insured with USD 50000 per incident\ loss, arising out of the same illness/ injury. Maximum liability - PED** upto USD 2500 Sum insured- life threatening conditions	Unlimited Sum Insured with USD 100000 per incident\loss, arising out of the same illness/injury. Maximum liability - PED** upto USD 3000 Sum insured- life threatening conditions	Unlimited Sum Insured with USD 50000 per incident\loss, arising out of the same illness/injury. Maximum liability - PED** upto USD 1500 Sum insured- life threatening conditions
Emergency Medical Evacuation		Upto Section 1 [^] Sum Insured	Upto Section 1 [^] Sum Insured	Upto Section 1 [^] Sum Insured
	Deductible	100	100	100

[^]Section 1 of Policy Wording | **Pre-Existing Conditions

Repatriation of Mortal Remains		25% of Section 1 ^{^^} Sum Insured (over and above)	25% of Section 1 ^{^^} Sum Insured (over and above)	25% of Section 1 ^{^^} Sum Insured (over and above)
Accidental Death & Disablement (Overseas)		AD:10000, Disablement: 10000, Total - 10000	AD:10000, Disablement: 10000, Total - 10000	AD:10000, Disablement: 10000, Total - 10000
Emergency Medical Dental Expenses		300	500	NA
	Deductible	75	75	NA
Delay of Checked-in Baggage		4 hours delay : USD 40	4 hours delay : USD 40	4 hours delay : USD 40
Loss of Checked-in Baggage		200	200	200
Loss of Passport		250	250	250
	Deductible	25	25	25
Personal Liability		100000	100000	100000
	Deductible	200	200	200
Flight Delay		4 hours delay : USD 40 For all overseas flights taken during Insured Trip	4 hours delay : USD 40 For all overseas flights taken during Insured Trip	4 hours delay : USD 40 For all overseas flights taken during Insured Trip
Trip Curtailment		500	500	500
	Deductible	100	100	100
Trip Cancellation		250	500	250
	Deductible	50	50	50

^{^^}Section 1 of Policy Wording | **Pre-Existing Conditions

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Missed Flight/ Connection		250	250	250
Bounced Hotel / Airline booking		500	500	250
	Deductible	50	75	50
Emergency Extension of the Policy		7 days	7 days	7 days
Home Content Burglary (In INR)		50000	50000	50000
	Deductible	5000	5000	5000
Hijack/ Kidnap Daily Allowance		75 (Per 12 hours max 10 days)	100 (Per 12 hours max 10 days)	75 (Per 12 hours max 10 days)
Accommodation Extension		50 per day Max upto 10 days	100 per day Max upto 10 days	50 per day Max upto 10 days
Flight Cancellation		-	75	-
Loss of Personal Baggage		-	200	-
	Deductible	-	30	-
Compassionate Travel/Stay		Return fare for any one Company in person- Spouse/ Children/ Immediate family member Stay for Insured's Spouse, Children, family - 2500	Return fare for any one Company in person- Spouse/ Children/ Immediate family member Stay for Insured's Spouse, Children, family - 5000	Return fare for any one Company in person- Spouse/ Children/ Immediate family member Stay for Insured's Spouse, Children, family - 2500

Sublimits applicable on IPD Treatment & Day Care Treatment and OPD	Silver/Silver Plus/Silver - Plan A/Silver -Plan B/Senior/Senior Plus / Super Senior	Gold/Gold-Plan A/Gold-Plan B	Platinum/Platinum -Plan A/Platinum -Plan B/Titanium	Titanium Plus
Hospital Room Rent and Boarding expenses	USD 1500 per Day up to 30 Days	USD 1750 per Day up to 30 Days	USD 2000 per Day up to 30 Days	USD 2500 per Day up to 30 Days
Emergency Room Services	USD 1,500	USD 1,750	USD 2,000	USD 2,500
ICU Charges	USD 3000 per Day up to 7 Days	USD 3250 per Day up to 7 Days	USD 3750 per Day up to 10 Days	USD 4000 per Day up to 10 Days
Surgical Treatment Expense	USD 12500 for surgical treatment expense and up to 25% of surgical treatment for Anesthetist services	USD 13000 for surgical treatment expense and up to 25% of surgical treatment for Anesthetist services	USD 15000 for surgical treatment expense and up to 25% of surgical treatment for Anesthetist services	USD 22500 for surgical treatment expense and up to 25% of surgical treatment for Anesthetist services
Physician consultation charges	USD 125 per Day upto 10 visits	USD 175 per Day upto 10 visits	USD 250 per Day up to 10 visits	USD 350 per Day up to 10 visits
Diagnostic Tests	Up to USD 750	Up to USD 1000	Up to USD 1500	Up to USD 2500
Ambulance Service (Not applicable for OPD)	Up to USD 500	Up to USD 600	Up to USD 750	Up to USD 1000

Pharmacy	Up to USD 2000			
Miscellaneous Expenses.	Up to USD 500	Up to 500	Up to USD 500	Up to USD 500
Cases with package rates, where Individual line item billing are not available, the below would be paid:				
Emergency Room Services	USD 27500	USD 30000	USD 35000	USD 45000
Non Surgical (Medical management cases)	USD 13000	USD 15000	USD 17500	USD 20000

Add On Bundles	Section Name	Sum Insured	Deductible
Cruise Bundle	Missed Cruise	750	
	Common Carrier-Cruise Interruption	500	50
Travel Plus Bundle	Accompaniment of Minor Child	1000	
	Frequent Flyer Cover	200	
	Loss of Electronic Portable Items	500	50
Accident Bundle(Available if age between 15 years and 60 years)	Lifestyle Modification Cover	200	
	Child Education Benefit	5000	
	Coma Cover	5000	
	Adventure Sports	Up to SI under Medical Expenses-Injury and / or Illness max of USD 500000	
Optional Assistance Services	Care at Home Service		
	Automated Luggage Tracking Service		
	Lost and Found Passport Service		

Plans		Copper - Non medical
Geographic Scope	Worldwide including USA/ Canada	Yes
	Worldwide including USA/ Canada	Yes
Age Band		3 months onwards
Coverage Details	Deductible	Sum Insured in US \$
Accidental Death & Disablement (Overseas)		AD:20000, Disablement:20000, Total - 20000
Delay of Checked-in Baggage		4 hours delay : USD 50
Loss of Checked-in Baggage		300
Loss of Passport		250
	Deductible	25
Personal Liability		50000
	Deductible	200
Flight Delay		4 hours delay : USD 50 For all overseas flights taken during Insured Trip
Trip Curtailment		500
	Deductible	50
Trip Cancellation		500
	Deductible	50
Missed Flight/ Connection		250
Bounced Hotel / Airline booking		500
	Deductible	50

Emergency Extension of the Policy		7 days
Hijack/Kidnap Daily Allowance		50 (Per 12 hours max 10 days)
Loss of International driving license		100
Flight Cancellation		100

Plans		Instant Gratification
Geographic Scope	Worldwide including USA/ Canada	Yes
	Worldwide including USA/ Canada	Yes
Age Band		3 months onwards
Coverage Details	Deductible	Sum Insured in US \$
Flight Delay		1 hour, 1.5 hour, 2 and 2.5 and 3 hour - USD 50, 100, 150, 200 (As per plan chosen) (For International Flight only)
Flight Cancellation		SI Options - USD 50, 100, 200, 300, 500, 750, 1000