

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



**GROUP DOMESTIC TRAVEL INSURANCE**

CHOTGDP23004V012223

Policy Wordings

# GROUP DOMESTIC TRAVEL INSURANCE

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



**GROUP DOMESTIC TRAVEL INSURANCE**

**CHOTGDP23004V012223**

Policy Wordings

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

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

**1. DEFINITIONS**

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

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

**A) STANDARD DEFINITIONS**

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

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

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

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

- a. **Internal Congenital Anomaly:** Congenital anomaly which is not in the visible and accessible parts of the body.
- b. **External Congenital Anomaly:** Congenital anomaly which is in the visible and accessible parts of the body.

**Deductible** means a cost-sharing requirement under this policy, that provides that the Insurer will not be liable for a specified amount or percentage of claim amount and/or number of days and/or number of hours as specified in the policy schedule/certificate of insurance which will apply before any benefits are payable by the Insurer. A deductible does not reduce the Sum Insured and is applicable per event up to the specified limits mentioned.

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

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

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



**GROUP DOMESTIC TRAVEL INSURANCE**

CHOTGDP23004V012223

**Policy Wordings**

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

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

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

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

- a. **Acute condition** is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
- b. **Chronic condition** is defined as a disease, illness, or injury that has one or more of the following characteristics:—it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests—it needs ongoing or long-term control or relief of symptoms— it requires rehabilitation for the patient or for the patient to be specially trained to cope with it—it continues indefinitely—it recurs or is likely to recur.

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

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

**Maternity Expenses** means

- a. medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization)
- b. expenses towards lawful medical termination of pregnancy during the policy period

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

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

**Medical Practitioner** means a person who holds a valid registration from the Medical Council or appropriate authority of the country where Insured Person is availing emergency treatment outside India/ Country of origin and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license. The term Medical Practitioner includes any qualified physician, specialist, or surgeon, and should not be an Immediate Family Member of the Insured Person or related to the Insured Person by way of blood, marriage, adoption, employment, or any pre-existing business relationship.

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

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

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



**GROUP DOMESTIC TRAVEL INSURANCE**

CHOTGDP23004V012223

**Policy Wordings**

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

- iii. must have been prescribed by a Medical Practitioner;

must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

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

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

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

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

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

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

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

**Reasonable and Customary Charges** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.

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

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

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

**B) SPECIFIC DEFINITIONS**

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

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

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

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

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



**GROUP DOMESTIC TRAVEL INSURANCE**

CHOTGDP23004V012223

Policy Wordings

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



**GROUP DOMESTIC TRAVEL INSURANCE**

**CHOTGDP23004V012223**

**Policy Wordings**

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

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

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

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

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

**Insured/Insured Person** means the person named in the Policy Schedule, who has a permanent place of residence in India and for whom the insurance is proposed and appropriate premium paid. It includes foreign travelers having traveler visa.

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

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

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

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

**Loss** means loss or damage.

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

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

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

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

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

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



**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



**GROUP DOMESTIC TRAVEL INSURANCE**

**CHOTGDP23004V012223**

**Policy Wordings**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



**GROUP DOMESTIC TRAVEL INSURANCE**

**CHOTGDP23004V012223**

**Policy Wordings**

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

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

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

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

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

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

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

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

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

**2. PERSONS WHO CAN BE INSURED:**

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

**3. COVERAGE - BASE COVERS:**

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



**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977

**GROUP DOMESTIC TRAVEL INSURANCE****CHOTGDP23004V012223****Policy Wordings**

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

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

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

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

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

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

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

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

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977

**GROUP DOMESTIC TRAVEL INSURANCE**

CHOTGDP23004V012223

Policy Wordings

**b. Special Exclusions to Emergency Accidental Hospitalisation:**

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

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

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

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

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

This benefit will form part of Base Sum Insured.

**b. Special Exclusions to OPD Emergency Medical Expenses:**

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

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

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customer@cholams.murugappa.com](mailto:customer@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977

**GROUP DOMESTIC TRAVEL INSURANCE**

CHOTGDP23004V012223

## Policy Wordings

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

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

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

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

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

Table of Benefits	Percentage of Sum Insured payable as compensation
1. Accident Death (AD)	100%
2. PTD – Total and irrecoverable loss of	
i) Sight of both eyes or of the actual loss by physical separation of two entire hands or two entire feet or one entire hand and one entire foot or of such loss of sight of one eye and such loss of one entire hand or one entire foot.	100%
ii) Use of two hands or of two feet or of one hand and one foot or of such loss of sight of one eye and such loss of use of one hand or one foot	100%
iii) Total Paralysis	100%
iv) Loss of all fingers and both thumbs OR loss of arm – at shoulder; between shoulder and elbow; at and below elbow OR loss of leg – at hip; between knee and hip; below knee	100%
<b>For the purpose of items 2 i) above, physical separation of one entire hand shall mean separation at or above wrist and/or of the foot at or above ankle respectively.</b>	
3. Permanent total and absolute disablement disabling the Insured/Insured Person from engaging in any employment or occupation of any description whatsoever which he or she was capable of doing earlier	100%
4. PPD - Total and irrecoverable loss of various parts as given below:	<b>Percentage of Sum Insured</b>
The sight of one eye or the actual loss by physical separation of one entire hand or one entire foot.	50%
Loss of Use of a hand or a foot without physical separation	50%
Loss of speech	50%
Loss of toes – all	20%

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977

**GROUP DOMESTIC TRAVEL INSURANCE**

CHOTGDP23004V012223

## Policy Wordings

Loss of toes great - both phalanges	5%
Loss of toes great - one phalanx	2%
Loss of toes other than great, if more than one toe lost: each	2%
Loss of hearing - both ears	75%
Loss of hearing - one ear	30%
Loss of four fingers and thumb of one hand	50%
Loss of four fingers of one hand	40%
Loss of thumb - both phalanges	25%
Loss of thumb – one phalanx	10%
Loss of index finger – three phalanges	15%
Loss of index finger – two phalanges	10%
Loss of index finger - one phalanx	5%
Loss of middle finger or ring finger or little finger – three phalanges	10%
Loss of middle finger or ring finger or little finger – two phalanges	7%
Loss of middle finger or ring finger or little finger - one phalanx	3%
Loss of metacarpals – first or second (additional) or third, fourth or fifth (additional)	3%
<b>Any other permanent partial disablement</b>	Percentage as assessed by the panel doctor of the Company
- The disablement occurs within one year of accident - The disablement must be confirmed and claimed for prior to the expiry of a period of 3 months since occurrence of the disablement	

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

**b. Special Exclusions applicable to Personal Accident Covers:**

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

1. Any existing physical disability.
2. Accidents due to sleep disorders, hypnosis, tolerance and / or withdrawal symptoms due to intake of psychoactive drugs, stimulants, sedatives, narcotics, hallucinogens.
3. Damage to health caused by curative measures, radiation, Infection, poisoning except where these arise from an accident.
4. Any payment under this benefit whereby the Company's liability would exceed the sum payable in the event of accidental death.
5. Any other claim after a claim for accidental death has been admitted by the Company and becomes payable.
6. Any claim which arises out of an accident connected with the operation of an aircraft (Including Cabin Crew) or which occurs during parachuting except when the Insured/Insured Person is flying as a Fare Paying passenger in a multi-engine, scheduled commercial aircraft or Air Charter company.
7. Payment of compensation in respect of accidental death, injury or disablement of the Insured/Insured

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977

**GROUP DOMESTIC TRAVEL INSURANCE****CHOTGDP23004V012223****Policy Wordings**

Person from;

- a. intentional self-injury, suicide, or attempted suicide.
  - b. whilst under the influence of intoxication, liquor or drugs.
  - c. arising or resulting from the insured/insured person committing any breach of law with criminal intent or participating in an actual or attempted felony, riot, crime, misdemeanour or civil commotion.
  - d. whilst engaging in speed contest or racing of any kind, hunting, bungee jumping, parasailing, ballooning, skydiving, paragliding, hand gliding, mountaineering or rock climbing, potholing, abseiling, deep sea diving, polo, snow and ice sports, etc. unless specifically covered and duly mentioned in the Policy Schedule.
8. Any consequential loss or damage cost or expense of whatsoever nature.
  9. Accidental Death or disablement resulting, directly caused by, contributed to or aggravated or prolonged by childbirth, maternity or pregnancy or in consequence thereof, venereal disease or infirmity.
  10. Payment of compensation in respect of accidental death, injury or disablement of the Insured/Insured Person, due to or arising out of or directly connected with or traceable to act of terrorism or terrorist activities.
  11. Any exclusion mentioned in the 'General Exclusions' section of this Policy.

**c. Special Conditions applicable to Personal Accident Covers:**

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

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

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

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



**GROUP DOMESTIC TRAVEL INSURANCE**

**CHOTGDP23004V012223**

Policy Wordings

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

1. Any claim relating to events occurring before the commencement of the cover or otherwise outside of the period of insurance.
2. Any Pre-existing Condition and / or any complication arising from it
  - a) This policy is not designed to provide an indemnity with respect to medical services, the need for which arises out of a pre-existing condition as defined in the policy in normal course of treatment. However in any of the threatening situation this exclusion shall not be applied and also that the cover will up to the limit shown under Life threatening condition / situation as defined in this policy
3. Treatment if that is the sole reason or one of the reasons for the Insured/Insured Person's temporary stay.
4. Any claim if the Insured/Insured Person: –
  - a. is travelling against the advice of a Medical Practitioner;
  - b. is receiving, or is on a waiting list to receive, specified medical treatment declared in the Medical Practitioner's report or certificate;
  - c. has received terminal prognosis for a medical condition;
  - d. is taking part in a naval, military or air force operation.
5. Deductibles as specified in the Policy Schedule.
6. Diseases, illness and accidents that are results of war and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, active participation in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority.
7. Congenital external diseases, defects or anomalies.
8. Any claim resulting or arising from or any consequential loss, directly caused by or contributed to or arising from:
  - a. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel; or
  - b. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
9. Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons, Adventure Sports unless declared beforehand and necessary additional premium paid
10. No claim will be paid which arises from the insured Person engaging in Travel unless he or she travels as a passenger on a carrier properly licensed to carry passengers. For the purpose of this exclusion, Traveller means being in or on, or boarding a carrier for the purpose of travelling therein or alighting there from.
11. Any claim arising out of diseases, illnesses or accidents that the Insured/Insured Person has caused intentionally or by committing a crime or as a result of drunkenness or addiction (drugs, alcohol).
12. Medical Expenses in respect of Experimental, investigational or unproven treatments or treatments which are not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any illness for which confinement is required at a Hospital. Any illness or treatment which is a result or a consequence of undergoing such experimental or unproven treatment
13. Naturopathy treatment
14. No claims will be paid for losses arising directly from manual work or hazardous occupation, self-exposure to peril or if engaging in any criminal or illegal act.



**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



**GROUP DOMESTIC TRAVEL INSURANCE**

**CHOTGDP23004V012223**

**Policy Wordings**

15. Any claim arising out of any act of terrorism which means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological, or ethnic purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear. However, this exclusion does not apply to Optional Cover - Hijack Distress Allowance.
16. Non-medical Expenses incurred during Hospitalisation. The list of such Non-medical Expenses is placed at Annexure 3.

**5. GENERAL CONDITIONS:**

**(Applicable to all covers under the Policy)**

**I. CONDITIONS PRECEDENT TO THE CONTRACT:**

**1. Deductible:**

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

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

**2. Applicability of covers:**

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

**3. Type of Trips Offered:**

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

**a. Single Trip Policy:**

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

**b. Annual Multi trip Policy:**

Policies covering Annual Multi Trips can be issued for annual period of one year covering multiple single trips within the annual period of insurance with each and every single trip not exceeding a specified number of days as mentioned in the Policy **Schedule/Certificate**

**c. One-way Travel:**

Policy is applicable for one-way travel also, with a condition for maximum duration of coverage limited to specified number of days as mentioned in the **Policy Schedule/Certificate**

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

**4. Policy Extension:**

- a. Extension of the Period of Insurance of the Policy during the duration of the trip can be done only at the sole discretion of the Company depending upon the risk factors.
- b. If the Insured/Insured Person does not declare the full current facts or declare wrong facts while requesting for extension of the Policy, any extension of such a Policy if granted shall be deemed to be invalid. No refund

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977

**GROUP DOMESTIC TRAVEL INSURANCE****CHOTGDP23004V012223****Policy Wordings**

of premium will be given in case of extensions so invalidated. The Company will also not be liable to pay any claim filed under the extended Policy.

- c. The premium payable for the extension of the Policy during the trip duration shall be the premium payable for the overall trip duration (including the extension) less the initial premium already paid.
- d. Provided further that for an Insured, the maximum trip duration (including the extension as provided earlier) shall not exceed 365 days in total.

**5. Premium Chargeable:**

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

**6. Disclosure of Information:**

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

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

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

- a) Insured/ Insured Person shall provide to the Company or the Assistance Service Provider appointed by the Company, on demand any information that is required to determine the occurrence of the insurable event or the Company's liability to pay the benefits.
- b) If requested to do so by the Company or the Assistance Service Provider appointed by the Company, the Insured/ Insured Person is obliged to undergo a medical examination by a Medical Practitioner designated by the Assistance Service Provider. For the purpose of settlement of claims only. The cost towards the medical examination shall be borne by the Company.
- c) The Company or the Assistance Service Provider appointed by the Company is authorized to take all measures which includes the Insured/ Insured Person's transportation back to his/her usual place of residence in India. The transportation of the Insured/ Insured person back to his/her usual place of residence in India shall be done only on agreement and confirmation from the attending medical practitioner that the Insured/ Insured Person is capable of being transported to his/her usual place of residence in India with consent from Insured/Insured Persons.
- d) The Company shall be released from any obligation to pay benefits under this Policy, if any, of the aforementioned obligations are breached by the Insured/ Insured Person.

**8. Condition Precedent to Admission of Liability:**

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

**9. Geography:**

This Policy applies to incidents anywhere in India while travelling.

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



**GROUP DOMESTIC TRAVEL INSURANCE**

**CHOTGDP23004V012223**

Policy Wordings

**10. No constructive Notice:**

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

**11. Multiple Claims:**

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

**12. Nomination**

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

**13. Fraud**

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

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

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

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

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

**III. CONDITIONS WHEN A CLAIM ARISES**

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



**GROUP DOMESTIC TRAVEL INSURANCE**

**CHOTGDP23004V012223**

Policy Wordings

**14. Claims Procedure:**

1. In the event of an accident or sudden illness which is likely to give rise to a claim under this Policy, the Insured Person shall immediately contact the Assistance Service Provider giving details of the Policy issued to him/her. The details of phone numbers and Helpline are given in the Schedule/Certificate attached to this Policy.
2. The Insured Person or his representative shall provide to the Assistance Service Provider maximum information about the illness, accident or occurrence as is available, as well as other information such as the Policy number etc. Assistance Service Provider shall assist the Insured Person in getting admitted in to a hospital / getting treatment from a Medical Practitioner as an outpatient.
3. Where it is not possible to make an emergency call before consulting a Medical Practitioner or going into hospital, the Insured Person shall contact the Assistance Service Provider as soon as possible. In either case, when being admitted as a patient, the Insured Person shall inform the Medical Practitioner or personnel at the hospital, the details of his/her policy coverage and shall state the details of the Assistance Service Provider and request them to contact them.
4. All necessary claim documents should be furnished to the Company/ Assistance Service Provider by the policy holder/insured to make a claim. However, claims filed even beyond such period should be considered if there are valid reasons of any delay.
5. If proper intimation is given, the Assistance Service Provider shall give a cashless authorisation to the hospital / other providers for the costs of hospitalization under Scope of Coverage under the Policy. These costs will be settled directly by the Assistance Service Provider on behalf of and for the account of the Company. The Insured Person shall release Medical Practitioners/hospital contacted by Assistance Service Provider from their duty not to disclose information about his/her case.
6. In such cases, the Insured Person before his discharge from the Hospital, shall fill up and sign the claim form and hand over the same to the Hospital authorities to be handed over to Assistance Service Provider. Please send the duly signed claim form along with all the documents to designated TPA within 30 days of the occurrence of the Incident. However, claims filed even beyond such period should be considered if there are valid reasons of any delay.
7. Where no information is given to Assistance Service Provider and the payment for hospital treatment / outpatient treatment has been made by the Insured Person, the reasons therefore shall have to be given by the Insured Person along with the claim form giving details of treatment and bills for expenditure to the Company or Assistance Service Provider. After examining the facts and establishing the liability, in consultation and with the approval of the Company, Assistance Service Provider will reimburse to the Insured Person the costs incurred within the Scope of Coverage of the Policy on behalf of and for the account of the Company.
8. Besides where the Insured Person and Assistance Service Provider agree that even though the procedure under Claims Procedure is complied with, the claim should be settled on a reimbursement basis (in consultation and with the approval of the Company), then it will be done so accordingly.

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customer@cholams.murugappa.com](mailto:customer@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



**GROUP DOMESTIC TRAVEL INSURANCE**

**CHOTGDP23004V012223**

**Policy Wordings**

9. The Company shall only be liable to indemnify if, besides proof of insurance cover, the documentary proofs required as per the claims procedure stated in the Policy, is also submitted.
10. The total loss of checked-in baggage caused by the Common Carrier (airlines) must be reported to the Common Carriers and a Property Irregularity Report (P.I.R) shall be obtained from them. Original report together with the ticket(s), baggage tag(s) and the claim form are to be submitted in support of a claim by the Insured Person to the Company or Assistance Service Provider.
11. Loss of Gadgets must be reported to the police authorities within 24 hours of discovery of such loss and an official report obtained from the Police authorities. The original official report of the Police authorities should also be submitted along with the claim form to the Company or Assistance Service Provider.
12. Failure to comply with the claims procedure stated above in respect of Total Loss of Checked-in Baggage and, Gadgets, may prejudice the claim of the Insured Person.
13. Claims for reimbursement shall be submitted to the Company or Assistance Service Provider within one month after completion of the treatment or transportation home. In the event of accidental death, the same shall be submitted within one month after transportation of mortal remains/burial.
14. The Insured Person shall provide Assistance Service Provider / the Company on demand with any information that is required to determine the occurrence of the insured event or the scope of the Company's liability. In particular, at the request of Assistance Service Provider / the Company proof shall be furnished of the actual commencement of the trip abroad.
15. If requested to do so by Assistance Service Provider / the Company, the Insured Person shall authorise Assistance Service Provider / the Company to obtain all the information considered necessary from third parties (Medical Practitioners, dentists, alternative practitioners, medical institutions of any kind, insurance carriers, health or pension offices) and release these parties from their obligation not to disclose information.
16. If requested to do so by Assistance Service Provider / the Company, the Insured Person is obliged to undergo a medical examination by a Medical Practitioner designated by Assistance Service Provider / the Company.
17. In case of any claim under Personal Liability, proof of judicial decision rendered by a Court of Law may be required.
18. In case of any accident giving rise to a claim under the Personal Accident section of the Policy, the Insured Person, his/her nominee or legal representatives, as the case may be, shall provide complete information and details about the Insured Person in the claim form along with the claim documents listed in the policy wordings to the Company or Assistance Service Provider.
19. The Insured/ Insured Person shall provide the Company with the details of the trip and other information as may be required by the Company from time to time.
20. In case a covered insured event, as described in the Benefit Section, occurs before date of purchase of this policy or advance warning is issued by the relevant authorities of the likelihood of such an event happening before date of purchase of this policy the Company shall not be liable to pay a claim.

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977

**GROUP DOMESTIC TRAVEL INSURANCE****CHOTGDP23004V012223****Policy Wordings****15. Claim Settlement:**

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

**16. Claim Documentation:**

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

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

**17. Transfer and Set-off of Claims:**

- a) If the Insured/ Insured Person have any outstanding claims against third parties, such claims shall be transferred in writing to the Company up to the amount for which the reimbursement of costs is made by the Company in accordance with the terms hereunder.
- b) In so far as an Insured/ Insured Person receives compensation for costs he/she has incurred either from third parties liable for damages or as a result of other legal circumstances, the Company shall be entitled to set off this compensation against the insurance benefits payable.
- c) Claims to the insurance benefits may be neither pledged nor transferred by the Insured/ Insured Person. Transfer and Set-off of Claims shall not be applicable to any of the medical sections under Emergency Medical Expenses, Emergency Medical Evacuation, Repatriation of Mortal Remains, Personal Accident, Accidental Death and Permanent Total Disablement – Common carrier, Accidental Dental Treatment, Daily Allowance in case of hospitalization

**18. Right to inspect:**

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

**19. Electronic Transaction:**

The Insured Person agrees to adhere to and comply with all such terms and conditions as the Company may prescribe from time to time and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the internet, world wide web, Electronic data interchange, call centres, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic,



**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977

**GROUP DOMESTIC TRAVEL INSURANCE****CHOTGDP23004V012223****Policy Wordings**

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

**20. Subrogation:**

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

**21. Notice of charge:**

The Company shall not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy, but the payment by the Company to the Insured /Insured Person or his/her nominees or the legal representative, as the case may be, of any compensation or benefit under the Policy shall in all cases be an effectual discharge to the Company.

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

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

This Policy provides 30 days Grace Period for renewing the Policy. However, Coverage will not be available during the grace period.

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

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977

**GROUP DOMESTIC TRAVEL INSURANCE**

CHOTGDP23004V012223

**Policy Wordings**

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

**24. Policy Withdrawal and Migration:**

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

**25. Enhancement of Sum Insured:**

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

**26. Cancellation:**

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

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

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

In case of single trip policies, termination of the Policy at a date earlier than the end date can be done only if the Insured Person returns back to his/her usual town of residence earlier than the end date of the Period of Insurance of the Policy. Refund of premium for the days between the return to the usual town of residence and the end date of the Period of Insurance as mentioned in the Policy Schedule/Policy Certificate will only be given if the same are a minimum of 10 days. Premium refunded will be equal to the amount of premium to be paid for the original Policy duration minus the premium to be paid by taking the return date as the new end date of

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977

**GROUP DOMESTIC TRAVEL INSURANCE**

CHOTGDP23004V012223

Policy Wordings

Period of Insurance, provided that, no refund of premium shall be made if any claim has been made under this Policy by or on behalf of the Insured/Insured Person.

**27. Policy Disputes:**

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

**28. Arbitration:**

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

**6.GRIEVANCES REDRESSAL MECHANISM**

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

Website : [www.cholainsurance.com](http://www.cholainsurance.com)

Toll free : 1800 208 9100

E-Mail : [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com)

Fax : 044 -4044 5550

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

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

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

For details of grievance officer, kindly refer the link [www.cholainsurance.com](http://www.cholainsurance.com)

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

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

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

Areas of Jurisdiction	Office of the Insurance Ombudsman
-----------------------	-----------------------------------

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977

**GROUP DOMESTIC TRAVEL INSURANCE**

CHOTGDP23004V012223

Policy Wordings

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

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977

**GROUP DOMESTIC TRAVEL INSURANCE**

CHOTGDP23004V012223

Policy Wordings

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

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977

**GROUP DOMESTIC TRAVEL INSURANCE**

CHOTGDP23004V012223

Policy Wordings

**7. COVERAGE - OPTIONAL COVERS**

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

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



**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977

**GROUP DOMESTIC TRAVEL INSURANCE**

CHOTGDP23004V012223

## Policy Wordings

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

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

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

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

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977

**GROUP DOMESTIC TRAVEL INSURANCE****CHOTGDP23004V012223****Policy Wordings**

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

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

This benefit is over and above the Base Sum Insured.

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

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

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

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

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

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

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



**GROUP DOMESTIC TRAVEL INSURANCE**

CHOTGDP23004V012223

Policy Wordings

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

**ii. Repatriation of Mortal Remains:**

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

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

This benefit is over and above the Base Sum Insured

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

**a. Coverage**

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

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

This benefit is over and above the Base Sum Insured.

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

**a. Coverage**

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

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

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

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

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



**GROUP DOMESTIC TRAVEL INSURANCE**

**CHOTGDP23004V012223**

**Policy Wordings**

from an accident.

4. Any payment under this benefit whereby the Company's liability would exceed the sum payable in the event of accidental death.
5. Any other claim after a claim for accidental death has been admitted by the Company and becomes payable.
6. Any claim which arises out of an accident connected with the operation of an aircraft (Including Cabin Crew) or which occurs during parachuting except when the Insured/Insured Person is flying as a Fare Paying passenger in a multi-engine, scheduled commercial aircraft or Air Charter company.
7. Payment of compensation in respect of accidental death, injury or disablement of the Insured/Insured Person from;
  - a. intentional self-injury, suicide, or attempted suicide.
  - b. whilst under the influence of intoxication, liquor or drugs.
  - c. arising or resulting from the insured/insured person committing any breach of law with criminal intent or participating in an actual or attempted felony, riot, crime, misdemeanour or civil commotion.
  - d. whilst engaging in speed contest or racing of any kind, hunting, bungee jumping, parasailing, ballooning, skydiving, paragliding, hand gliding, mountaineering or rock climbing, potholing, abseiling, deep sea diving, polo, snow and ice sports, etc. unless specifically covered and duly mentioned in the Policy Schedule.
8. Any consequential loss or damage cost or expense of whatsoever nature.
9. Accidental Death or disablement resulting, directly caused by, contributed to or aggravated or prolonged by childbirth, maternity or pregnancy or in consequence thereof, venereal disease or infirmity.
10. Payment of compensation in respect of accidental death, injury or disablement of the Insured/Insured Person, due to or arising out of or directly connected with or traceable to act of terrorism or terrorist activities.
11. Any exclusion mentioned in the 'General Exclusions' section of this Policy.

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

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

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



**GROUP DOMESTIC TRAVEL INSURANCE**

CHOTGDP23004V012223

Policy Wordings

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

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

**a. Coverage**

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

**b. Specific Exclusions Applicable to Dental Treatment Expenses:**

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

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

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

This benefit is over and above the Base Sum Insured.

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

**a. Coverage**

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

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

This benefit is over and above the Base Sum Insured.

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



**GROUP DOMESTIC TRAVEL INSURANCE**

**CHOTGDP23004V012223**

Policy Wordings

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

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

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

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

**a. Coverage**

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

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

This benefit is over and above the Base Sum Insured.

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

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

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



**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



**GROUP DOMESTIC TRAVEL INSURANCE**

**CHOTGDP23004V012223**

**Policy Wordings**

completed.

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

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

**a. Coverage**

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

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

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

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

This benefit is over and above the Base Sum Insured.

**b. Special Exclusions applicable to Compassionate Visit:**

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

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

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977

**GROUP DOMESTIC TRAVEL INSURANCE****CHOTGDP23004V012223**

Policy Wordings

reasons for any purpose other than treatment related to an Accident

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

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

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

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

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

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

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

This benefit is over and above the Base Sum Insured.

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

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

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

**b. Specific Exclusions applicable to Child Escort:**

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

This benefit is over and above the Base Sum Insured.

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

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



**GROUP DOMESTIC TRAVEL INSURANCE**

**CHOTGDP23004V012223**

**Policy Wordings**

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

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

This benefit is over and above the Base Sum Insured.

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

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

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

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

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

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977

**GROUP DOMESTIC TRAVEL INSURANCE****CHOTGDP23004V012223**

Policy Wordings

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

The policy shall pay a fixed benefit equal to the Sum Insured as specified in the policy schedule/certificate, to the Insured/Insured Person for the total and complete loss of checked-in baggage caused by a Common Carrier (Air) on a trip covered under this Policy. The cover is limited to the travel destinations specified in the main travel ticket from his/her usual place of residence.

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

This benefit is over and above the Base Sum Insured.

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

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

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

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

1. If the Company makes any payment under this benefit, it is a condition that any recovery from any common carrier by the Insured/Insured Person, under the terms of the Convention for the Unification of Certain Rules Relating "Warsaw Convention" shall become the property of the Company.
2. No partial loss or damage shall become payable. However, total loss of individual unit(s) of baggage shall not be construed as falling within this Special Condition.
3. In the event that claims are submitted for total loss of checked-in baggage as well as under the optional covers- Delay of Checked-in Baggage on Benefit Basis (Airways), Baggage Delay in Common carrier on Benefit basis, Baggage Loss in Common carrier on Benefit basis (Airways) (if opted), the higher of the claims shall be payable by the Company in respect of the same item(s) of checked-in baggage during any one period of insurance.

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

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

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



**GROUP DOMESTIC TRAVEL INSURANCE**

**CHOTGDP23004V012223**

Policy Wordings

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

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

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

This benefit is over and above the Base Sum Insured.

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

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

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

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

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

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

**a. Coverage**

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

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



**GROUP DOMESTIC TRAVEL INSURANCE**

CHOTGDP23004V012223

**Policy Wordings**

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

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

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

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

This benefit is over and above the Base Sum Insured.

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

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

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

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

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

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

**a. Coverage**

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977

**GROUP DOMESTIC TRAVEL INSURANCE****CHOTGDP23004V012223****Policy Wordings**

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

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

**b. Special Conditions applicable to Trip Cancellation**

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

This benefit is over and above the Base Sum Insured.

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

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

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

This benefit is over and above the Base Sum Insured.

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

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

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



**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



**GROUP DOMESTIC TRAVEL INSURANCE**

**CHOTGDP23004V012223**

Policy Wordings

- c) Death of Brother or Sister.

This benefit is over and above the Base Sum Insured.

**b. Special Conditions applicable to Trip Interruption:**

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

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

**a. Coverage**

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

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

This benefit is over and above the Base Sum Insured.

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

**a. Coverage**

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

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

Such delay must be authenticated by the airline in writing.

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

This benefit is over and above the Base Sum Insured.

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



**GROUP DOMESTIC TRAVEL INSURANCE**

CHOTGDP23004V012223

Policy Wordings

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

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

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

**a. Coverage**

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

Such delay must be authenticated by the airline in writing.

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

This benefit is over and above the Base Sum Insured.

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

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

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

**a. Coverage**

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

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

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

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

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



**GROUP DOMESTIC TRAVEL INSURANCE**

**CHOTGDP23004V012223**

**Policy Wordings**

This benefit is over and above the Base Sum Insured.

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

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

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

**a. Coverage**

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

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

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

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

This benefit is over and above the Base Sum Insured.

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

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

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

**a. Coverage**

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

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

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



**GROUP DOMESTIC TRAVEL INSURANCE**

**CHOTGDP23004V012223**

Policy Wordings

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

This benefit is over and above the Base Sum Insured.

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

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

**Endorsement no.18 – FLIGHT DELAY:**

**a. Coverage**

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

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

This Benefit shall be payable subject to the following:

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

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

This benefit is over and above the Base Sum Insured.

**b. Specific Exclusions applicable to Flight Delay:**

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

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

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



**GROUP DOMESTIC TRAVEL INSURANCE**

CHOTGDP23004V012223

Policy Wordings

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

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

**a. Coverage**

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

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

This Benefit shall be payable subject to the following:

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

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

This benefit is over and above the Base Sum Insured.

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

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

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

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

**a. Coverage**

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977

**GROUP DOMESTIC TRAVEL INSURANCE****CHOTGDP23004V012223****Policy Wordings**

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

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

This benefit is over and above the Base Sum Insured.

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

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

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

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

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

This benefit is over and above the Base Sum Insured.

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

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

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

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

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



**GROUP DOMESTIC TRAVEL INSURANCE**

**CHOTGDP23004V012223**

**Policy Wordings**

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

**b. Special Exclusions applicable to Bounced Hotel Booking:**

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

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

**c. Special condition applicable to Bounced Hotel Booking:**

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

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

This benefit is over and above the Base Sum Insured.

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

**a. Coverage**

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

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



**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



**GROUP DOMESTIC TRAVEL INSURANCE**

**CHOTGDP23004V012223**

**Policy Wordings**

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

**b. Benefits under Travel Inconvenience:**

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

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

This benefit is over and above the Base Sum Insured.

**c. Specific Exclusions applicable to Travel Inconvenience:**

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

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

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



**GROUP DOMESTIC TRAVEL INSURANCE**

**CHOTGDP23004V012223**

**Policy Wordings**

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

**d. Specific Conditions applicable to Travel Inconvenience:**

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

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

**a. Coverage**

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

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

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



**GROUP DOMESTIC TRAVEL INSURANCE**

**CHOTGDP23004V012223**

**Policy Wordings**

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

**b. Benefits under Travel Inconvenience on Benefit basis:**

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

This benefit is over and above the Base Sum Insured.

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

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

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

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977

**GROUP DOMESTIC TRAVEL INSURANCE****CHOTGDP23004V012223**

Policy Wordings

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

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

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

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

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

**b. Specific Exclusion applicable to Travel Service Supplier Insolvency:**

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

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

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



**GROUP DOMESTIC TRAVEL INSURANCE**

CHOTGDP23004V012223

Policy Wordings

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

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

This benefit is over and above the Base Sum Insured.

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

**a. Coverage**

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

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

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

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

This benefit is over and above the Base Sum Insured.

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

**c. Specific Conditions applicable to Car Rental excess Insurance:**

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

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



**GROUP DOMESTIC TRAVEL INSURANCE**

CHOTGDP23004V012223

Policy Wordings

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

**d. Specific Exclusions applicable to Car Rental Excess Insurance:**

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

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

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

**a. Coverage**

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

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

This benefit is over and above the Base Sum Insured.

**b. Special Exclusions applicable to Personal Liability:**

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

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

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



**GROUP DOMESTIC TRAVEL INSURANCE**

**CHOTGDP23004V012223**

**Policy Wordings**

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

**c. Special Conditions applicable to Personal Liability:**

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

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

**a. Coverage**

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

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

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



**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



**GROUP DOMESTIC TRAVEL INSURANCE**

**CHOTGDP23004V012223**

Policy Wordings

This benefit is over and above the Base Sum Insured.

**b. Special Exclusions applicable to Legal Expenses:**

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

1. Any existing physical disability.
2. Accidents due to sleep disorders, hypnosis, tolerance and / or withdrawal symptoms due to intake of psychoactive drugs, stimulants, sedatives, narcotics, hallucinogens.
3. Damage to health caused by curative measures, radiation, Infection, poisoning except where these arise from an accident.
4. Any payment under this benefit whereby the Company's liability would exceed the sum payable in the event of accidental death.
5. Any other claim after a claim for accidental death has been admitted by the Company and becomes payable.
6. Any claim which arises out of an accident connected with the operation of an aircraft (Including Cabin Crew) or which occurs during parachuting except when the Insured/Insured Person is flying as a Fare Paying passenger in a multi-engine, scheduled commercial aircraft or Air Charter company.
7. Payment of compensation in respect of accidental death, injury or disablement of the Insured/Insured Person from;
  - a. intentional self-injury, suicide, or attempted suicide.
  - b. whilst under the influence of intoxication, liquor or drugs.
  - c. arising or resulting from the insured/insured person committing any breach of law with criminal intent or participating in an actual or attempted felony, riot, crime, misdemeanour or civil commotion.
  - d. whilst engaging in speed contest or racing of any kind, hunting, bungee jumping, parasailing, ballooning, skydiving, paragliding, hand gliding, mountaineering or rock climbing, potholing, abseiling, deep sea diving, polo, snow and ice sports, etc. unless specifically covered and duly mentioned in the Policy Schedule.
8. Any consequential loss or damage cost or expense of whatsoever nature.
9. Accidental Death or disablement resulting, directly caused by, contributed to or aggravated or prolonged by childbirth, maternity or pregnancy or in consequence thereof, venereal disease or infirmity.
10. Payment of compensation in respect of accidental death, injury or disablement of the Insured/Insured Person, due to or arising out of or directly connected with or traceable to act of terrorism or terrorist activities.
11. Any exclusion mentioned in the 'General Exclusions' section of this Policy.

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

**a. Coverage**

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

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

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



**GROUP DOMESTIC TRAVEL INSURANCE**

CHOTGDP23004V012223

Policy Wordings

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

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

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

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

**Terrorism Damage Exclusion Warranty:**

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

For the purpose of this endorsement an act of terrorism means an act, including but not limited to the use of force of violence and/or the threat thereof, of any person or group(s) of persons whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological or similar purpose including the intention to influence any government and/or to put the public, or any section of the public in fear.

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

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977

**GROUP DOMESTIC TRAVEL INSURANCE**

CHOTGDP23004V012223

## Policy Wordings

If the Company alleges that by reason of this exclusion, any loss, damage, cost or expenses is not covered by this insurance the burden of proving the contrary shall be upon the Insured.

In the event any portion of this endorsement is found to be invalid or unenforceable, the remainder shall remain in full force and effect.

**Endorsement no.27 –CHOLA MS BHARAT GRIHA RAKSHA POLICY:**

Special meaning of certain words: Words stated in the table below have a special meaning throughout this Policy, the Policy Schedule and Endorsements.

These words with special meaning are stated in the Policy with the first letter in capitals.

<b>Word /s</b>	<b>Specific meaning</b>
<b>Bank</b>	A bank or any financial institution
<b>Carpet Area</b>	<ol style="list-style-type: none"> <li>1. for the main building unit of Your Home, it is the net usable floor area, excluding the area covered by the external walls, areas under services shafts, exclusive balcony or verandah area and exclusive open terrace area, but including the area covered by the internal partition walls of the residential unit;</li> <li>2. for any enclosed structure on the same site, it is the net usable floor area of such structure; and</li> <li>3. for any balcony, verandah area, terrace area, parking area, or any enclosed structure that is part of Your Home, it is 25% of its net usable floor area.</li> </ol>
<b>Commencement Date</b>	<p>It is the date and time from which the insurance cover under this Policy begins.</p> <p>It is shown in the Policy Schedule.</p>
<b>Cost of Construction</b>	<p>The amount required to construct Your Home Building at the Commencement Date.</p> <p>This amount is calculated as follows:</p> <p><b>a. For residential structure of Your Home including Fittings and Fixtures:</b></p> <p>Carpet Area of the structure in square metres X Rate of Cost of Construction at the Commencement Date. The Rate of Cost of Construction is the prevailing rate of cost of construction of Your Home Building at the Commencement Date as declared by You and accepted by Us and shown in the Policy schedule.</p> <p><b>b. For additional structures :</b> the amount that is based on the prevailing rate of Cost of Construction at the Commencement Date as declared by You and accepted by Us.</p>
<b>Endorsement</b>	A written amendment to the Policy that We make (additions, deletions, modifications, exclusions or conditions of an insurance Policy) which may change the terms or scope of the original policy.
<b>Home Contents</b>	Those articles or things in Your Home that are not permanently attached or fixed to the structure of Your Home. Home Contents may consist of General Contents and/or Valuable Contents.
<b>General Contents</b>	General Contents are all the contents of household use in Your Home, e.g., furniture, electronic items and goods, antennae, solar panels, water storage equipment, kitchen

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977

**GROUP DOMESTIC TRAVEL INSURANCE**

CHOTGDP23004V012223

## Policy Wordings

	equipment, electrical equipment (including those fitted on walls ), clothing and apparel and items of similar nature.
<b>Valuable Contents</b>	Valuable Contents of Your Home consist of items such as jewellery, silverware, paintings, works of art, antique items, curios and items of similar nature.
<b>Insured</b>	The Person/s who has/have purchased Insurance Cover under this Policy.
<b>Insured Property</b>	Your Home Building and Home Contents, or any item of property covered by this Policy.
<b>Kutcha Construction</b>	Building(s) having walls and/or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/plastic cloth/asphalt/canvas/tarpaulin and the like.
<b>Word /s</b>	<b><i>Specific meaning</i></b>
<b>Policy Period</b>	Policy period means the period commencing from the effective date and time as shown in the Policy Schedule and terminating at Midnight on the expiry date as shown in the Policy Schedule or on the termination of or the cancellation of insurance as provided for in Clause G (III) of this Policy, whichever is earlier.
<b>Policy Schedule</b>	The document accompanying and forming part of the Policy that gives Your details and of Your insurance cover, as described in Clause A (3) of this Policy.
<b>Premium</b>	The premium is the amount You pay Us for this insurance. The Policy Schedule shows the amount of premium for the Policy Period and all other taxes and levies.
<b>Pucca Construction</b>	Construction other than Kutcha Construction.
<b>Spouse</b>	Your wife or husband.
<b>Sum Insured</b>	The amount shown as Sum Insured in the Policy Schedule and as described in Clause C (4) and Clause D (2) of this Policy. It represents Our maximum liability for each cover or part of cover and for each loss.
<b>Total Loss</b>	A situation where the Insured Property or item is completely destroyed, lost or damaged beyond retrieval or repair or the cost of repairing it is more than the Sum Insured for that item or in total.
<b>We, Us, Our, Insurer</b>	The Cholamandalam MS General Insurance Company Ltd. Insurance Company that has provided Insurance Cover under this Policy; of the Company.
<b>You, Your, Insured</b>	The Insured Person/s who has/have purchased Insurance Cover under this Policy; of such Insured Person/s.
<b>Your Home Building</b>	<b>Your Home Building</b> is a building consisting of a residential unit, having an enclosed structure and a roof, basement (if any) and used as a dwelling place described in detail as per <b>Clause C (2)</b> of this Policy.

**Clause B. Insured Events**

We give insurance cover for physical loss or damage, or destruction caused to Insured Property by the following unforeseen events occurring during the Policy Period.

The events covered are given in Column A and those not covered in respect of these events are given in Column B.

	<b>Column A</b>	<b>Column B</b>
--	-----------------	-----------------

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977

**GROUP DOMESTIC TRAVEL INSURANCE**

CHOTGDP23004V012223

## Policy Wordings

	<b>We cover</b> physical loss or damage, or destruction caused to the Insured Property by	<b>We do not cover</b> any loss or damage, or destruction caused to the Insured Property
1.	Fire	caused by burning of Insured Property by order of any Public Authority.
2.	Explosion or Implosion	-
3.	Lightning	-
4.	Earthquake, volcanic eruption, or other convulsions of nature	-
5.	Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Tsunami, Flood and Inundation	-

	<b>Column A</b>	<b>Column B</b>
	<b>We cover</b> physical loss or damage, or destruction caused to the Insured Property by	<b>We do not cover</b> any loss or damage, or destruction caused to the Insured Property
6.	Subsidence of the land on which Your Home Building stands, Landslide, Rockslide	caused by <ul style="list-style-type: none"> <li>a. normal cracking, settlement or bedding down of new structures,</li> <li>b. the settlement or movement of made up ground,</li> <li>c. coastal or river erosion,</li> <li>d. defective design or workmanship or use of defective materials, or</li> <li>e. demolition, construction, structural alterations or repair of any property, or groundworks or excavations.</li> </ul>
7.	Bush fire, Forest fire, Jungle fire	-
8.	Impact damage of any kind, i.e., damage caused by impact of, or collision caused by any external physical object (e.g. vehicle, falling trees, aircraft, wall etc.)	caused by pressure waves caused by aircraft or other aerial or space devices travelling at sonic or supersonic speeds.
9.	Missile testing operations	-
10.	Riot, Strikes, Malicious Damages	caused by <ul style="list-style-type: none"> <li>a temporary or permanent dispossession, confiscation, commandeering, requisition or destruction by order of the government or any lawful authority,</li> <li>or</li> <li>b temporary or permanent dispossession of Your Home by unlawful occupation by any person.</li> </ul>
11.	Acts of terrorism (Coverage as per Terrorism Clause attached)	Exclusions and Excess as per Terrorism Clause attached.

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977

**GROUP DOMESTIC TRAVEL INSURANCE**

CHOTGDP23004V012223

## Policy Wordings

	We cover physical loss or damage, or destruction caused to the Insured Property by	We do not cover any loss or damage, or destruction caused to the Insured Property
12.	Bursting or overflowing of water tanks, apparatus and pipes.	-
13.	Leakage from automatic sprinkler installations.	a repairs or alterations in Your Home or the building in which Your Home is located, b repairs, removal or extension of any sprinkler installation, or c defects in the construction known to You.
14.	Theft within 7 (seven )days from the occurrence of and proximately caused by any of the above Insured Events.	if it is a. of any article or thing outside Your Home, or b. of any article or thing attached from the outside of the outer walls or the roof of Your Home, unless securely mounted.

## Clause C: Home Building Cover

**1. What We cover**

We cover physical loss or damage, or destruction of **Your Home Building** because of any Insured Event listed in Clause B of this Policy. We also cover architect's, surveyor's, consulting engineer's fees, cost of removing debris as specified under **Clause C (5) (f)** of this Policy. Further, We pay for Loss of rent and Rent for Alternative Accommodation, which will be paid to the extent declared by You and agreed by Us as specified under **Clause C (6)** of this Policy while Your Home Building is not fit for living following loss or damage due to an insured event.

**2. Your Home Building**

- a. **Your Home Building** is a building consisting of a residential unit, having an enclosed structure and a roof, basement (if any) and used as a dwelling place.
- b. Your Home Building includes
  - i. fixtures and fittings permanently attached to the floor, walls or roof, like fixed sanitary fittings, electrical wiring and other permanent fittings.
  - ii. the following 'additional structures' if they are on the same site, and are used as part of Your Home Building:
    - a) garage, domestic out-houses used for residence, parking spaces or areas, if any
    - b) compound walls, fences, gates, retaining walls and internal roads,
    - c) verandah or porch and the like,
    - d) septic tanks, bio-gas plants, fixed water storage units or tanks,
    - e) solar panels, wind turbines and air conditioning systems, central heating systems and the like, if not included in Home Contents Cover,
  - iii. any other structure shown in the Policy Schedule.
- c. Your Home Building does not include Contents of Your Home.

**3. Use for residence**

- a. We will pay only if Your Home Building is used for the purpose of residence of Yourself and

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



**GROUP DOMESTIC TRAVEL INSURANCE**

**CHOTGDP23004V012223**

Policy Wordings

Your family, or of Your tenant, licensee or employee.

b. We will not pay if

- i. Your Home Building is used as a holiday home, or for lodging and boarding, or
- ii. Your Home Building or any part of Your Home Building is used for purposes other than residential except where it is used both for Your residence and for the purposes of earning Your livelihood if You are self- employed or You have shifted Your office to Your Home Building for a temporary period due to lockdown or closure of Your office ordered by a public authority.

**4. Sum Insured**

- a. The Sum Insured for the Home Building Cover is the prevailing Cost of Construction of Your Home Building at the Commencement Date as declared by You and accepted by Us and will be the maximum amount payable in the event the Home Building is a Total Loss.
- b. If the Policy Period is more than one year, We will automatically increase Your Sum Insured during the Policy Period by 10% per annum on each anniversary of Your Policy without additional premium for a maximum of 100% of the Sum Insured at the Policy Commencement Date.
- c. The Sum Insured will be automatically increased each day by an amount representing 1/365th of 10% of Sum Insured at the Policy Commencement Date for annual policies.
- d. Restoration of Sum Insured : Except as stated in **Clause G (III) (3) (b)** of this Policy, the insurance cover will at all times be maintained during the Policy Period to the full extent of the respective Sum Insured. This means that after We have paid for any loss, the policy shall be restored to the full original amount of Sum Insured. You must pay to Us proportionate premium for the unexpired Policy Period from the date of loss. We can also deduct this premium from the net claim that We must pay You.

**5. What We pay**

- a. If You make a claim under the policy for damage to Your Home Building due to any of the insured perils, We reimburse the cost to repair it to a condition substantially the same as its condition at the time of damage. You must spend for repairs, and claim that amount from Us.
- b. We will calculate the amount of claim on the basis of the actual Carpet Area subject to the Carpet Area not exceeding that declared by You in the Proposal Form and stated in the Policy Schedule.
- c. The maximum We will pay for all items together is the Sum Insured shown in the Policy Schedule for Home Building Cover. If the Policy Schedule shows any limit for any item, such limit is the maximum We will pay for that item.
- d. If Your Home Building is a Total Loss, We will pay You the Sum Insured of the Home Building.
- e. If only an additional structure is destroyed, We will pay You an amount equal to the Cost of Construction of the additional structure.
- f. In addition to what **Clause C (5) (c)** of this Policy provides for, We will pay You the following expenses:
  - i. up to 5% of the claim amount for reasonable fees of architect, surveyor, consulting engineer;
  - ii. up to 2 % of the claim amount for reasonable costs of removing debris from the site.

**6. Loss of Rent and Rent for Alternative Accommodation:** In addition to what **Clause C (5) (c)** of



**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



**GROUP DOMESTIC TRAVEL INSURANCE**

**CHOTGDP23004V012223**

**Policy Wordings**

this Policy provides for, We will pay the amount of rent You lose or alternative rent You pay while Your Home Building is not fit for living because of physical loss arising out of an Insured Event as follows:

- a. If You are living in Your Home as a tenant, and You are required to pay higher rent for the alternative accommodation, We will pay the difference between the rent for alternative accommodation and the rent of Your Home Building.
- b. We will pay the loss under this cover for an accommodation that is not superior to Your Home Building in any way and in the same city as Your Home Building.
- c. The amount of lost rent shall be calculated as follows: Sum Insured for Cover for Loss of Rent (as declared by You in the Proposal Form and specified by Us in the Policy Schedule) X Period necessary for repairs ÷ Loss of Rent Period opted for.
- d. This cover will be available for the reasonable time required to repair Your Home Building to make it fit for living. The maximum period of this cover is three years from the date Your Home Building becomes unfit for living. You must submit a certificate from an architect or the local authority to show that Your Home Building is not fit for living.
- e. Claim for loss of rent will be accepted only if We have accepted Your claim for loss for physical damage to Your Home under the Home Building Cover.

**Clause D: Home Contents Cover**

**1. What We cover:**

We cover the physical loss or damage to or destruction of the **General Contents** of Your Home caused by an Insured Event as listed in **Clause B** of this Policy. **Valuable Contents** of Your Home are not covered under this Policy unless You have purchased the optional cover for the **Valuable Contents**.

**2. Sum Insured:**

- a. The Sum Insured for the Home Contents Cover is shown in the Policy Schedule and will be the maximum amount payable in the event the Home Contents are destroyed/lost completely.
- b. The policy has a built-in cover for the General Contents of Your home equal to 20% of the Sum Insured for Home Building Cover subject to a maximum of ₹ 10 Lakh (Rupees Ten Lakh) provided You have opted for both Home Building and Home Contents cover. If You choose to have a higher Sum Insured for Home Contents, You have to declare the Sum Insured in the Proposal Form and pay additional premium.
- c. If You have purchased only Home Contents Cover, You have to declare the Sum Insured for the General Contents in the Proposal Form.
- d. The Sum Insured You have chosen for General Contents must be enough to cover the cost of replacement of the General Contents.
- e. If You want to cover the Valuable Contents in Your Home, You must opt for the Optional Cover for Valuable Contents as given in **Clause E (1) (a)** of this Policy.
- f. Restoration of Sum Insured: Except as stated in **Clause G (III) (3) (b)** of this Clause below, the insurance cover will at all times be maintained during the Policy Period to the full extent of the respective Sum Insured. This means that after We have paid for any loss, the policy shall be restored to the full original amount of Sum Insured. You must pay to Us proportionate premium for the unexpired Policy Period from the date of loss. We can also deduct this premium from the net claim that We must pay You.

**3. What We pay**

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



**GROUP DOMESTIC TRAVEL INSURANCE**

**CHOTGDP23004V012223**

**Policy Wordings**

- a If the General Contents of Your Home are physically damaged by any Insured Event, We will at Our option,
  - i. reimburse to You the cost of repairs to a condition substantially the same as its condition at the time of damage, or
  - ii. pay You the cost of replacing that item with a same or similar item, or
  - iii. repair the damaged item to a condition substantially the same as its condition at the time of damage.
- b The maximum We will pay for Home Contents is the Sum Insured shown in the Policy Schedule for Home Contents Cover. If the Policy Schedule shows any limit for any item, or category or groups of items, such limit is the maximum We will pay for that item.

Clause E: Additional Covers applicable : Not applicable

Clause F. Exclusions (What We do not cover) under Chola Ms Bharat Griha Raksha Policy

We do not cover losses and expenses for any loss or damage or destruction of the Insured Property that is directly or indirectly as a result of or is caused by or arising from events, stated below:

1. Your deliberate, wilful or intentional act or omission, or of anyone on Your behalf, or with Your connivance.
2. War, invasion, act of foreign enemy hostilities or war-like operations (whether war is declared or not), civil war, mutiny, civil commotion amounting to a popular rising, military rising, rebellion, revolution, insurrection or military or usurped power.
3. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from combustion of nuclear fuel, or the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component that is part of it.
4. Pollution or contamination, unless
  - i. the pollution or contamination itself has resulted from an Insured Event, or
  - ii. an Insured Event itself results from pollution or contamination.
5. Loss, damage or destruction to any electrical/electronic machine, apparatus, fixture, or fitting by over-running, excessive pressure, short circuiting, arcing, self- heating or leakage of electricity from whatever cause (lightning included). This exclusion applies only to the particular machine so lost, damaged or destroyed.
6. Loss or damage to bullion or unset precious stones, manuscripts, plans, drawings, securities, obligations or documents of any kind, coins or paper money, cheques, vehicles, and explosive substances unless otherwise expressly stated in the policy.
7. Loss of any Insured Property which is missing or has been mislaid, or its disappearance cannot be linked to any single identifiable event.
8. Loss or damage to any Insured Property removed from Your Home to any other place.
9. Loss of earnings, loss by delay, loss of market or other consequential or indirect loss or damage of any kind or description whatsoever.
10. Any reduction in market value of any Insured Property after its repair or reinstatement.
11. Any addition, extension, or alteration to any structure of Your Home Building that increases its Carpet Area by more than 10% of the Carpet Area existing at the Commencement Date or on the date of renewal of this Policy, unless You have paid additional premium and such addition,

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



**GROUP DOMESTIC TRAVEL INSURANCE**

CHOTGDP23004V012223

Policy Wordings

extension or alteration is added by Endorsement.

12. Costs, fees or expenses for preparing any claim.

Clause G. Conditions applicable to Chola MS Bharat Griha Raksha Policy

**(I) Your Obligations**

**1. Make true and full disclosure in the proposal and related documents**

- a. You have a duty of disclosure to tell Us everything You know, or could reasonably be expected to know, that is relevant to Us for deciding whether to give You insurance cover and on what terms. You owe this duty to disclose such relevant material information even if We have not specifically asked for it. This duty extends to any information or declaration given by anyone else on Your behalf.
- b. We have agreed to give You insurance cover entirely on the basis of the information You, or anyone on Your behalf, have given Us in the proposal, statements and other declarations and documents (in writing or electronic) about Yourself, Your family, Your Home Building and Home Contents. The correct and complete information You give is the basis of Our contract with You. Our promise to pay is conditional upon the truth of these statements and on the assumption that You, or anyone on Your behalf, has not withheld any material information about Yourself, Your family, Your Home Building and Home Contents.

**2. Obligation to take care : You must:**

- a. keep Your Home Building and Home Contents in good condition and well maintained, You must ensure that the structure of Your Home Building does not have any faults or defects that are visible and material that will aggravate loss or damage to the Home Building in the event an insured peril occurs.
- b. take care to prevent theft, loss or damage to Your Home Building and Home Contents, and
- c. ensure that unauthorized persons do not occupy Your Home Building.

**3. Inform change in circumstances : You must inform Us immediately if**

- a. You change Your address,
- b. You make any addition, alteration, extension to the structure of Your Home Building,
- c. You let out Your Home Building, or Your Home Building will no longer be solely occupied by You,
- d. You change the use of Your Home Building.

**4. Allow inspection and investigation of claim:** You must allow, and give full cooperation to the survey/investigation of Your claim by Us. You must allow Us, and any surveyor, officer or other representative that We authorise, to inspect Your Home Building and Home Contents including the interior wherever necessary, take photographs and where required, permit the scientific testing and investigation of any insured article affected by the insured peril. You must answer all questions asked regarding Your claim truthfully and completely, and submit all relevant documents that We will require.

**5. Make true statements and full disclosure in the claim and related documents** You must also give true and full information in Your claim and submit true documents. If You give any false information or document in the claim, or if You withhold any information or document (written or electronic), We have a right to refuse payment of Your claim. We may also cancel Your policy.

**6. Cancellation and Termination of Cover under Chola MS Bharat Griha Raksha Policy**

**1. Cancellation by You at any Time**

- a. You can cancel this cover at any time by giving Us notice in writing. The cover will terminate

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977

**GROUP DOMESTIC TRAVEL INSURANCE**

CHOTGDP23004V012223

## Policy Wordings

when we receive your notice.

- b. If You cancel the cover, We will refund premium as follows:

Time for which cover in force	Refund of premium
For a period not exceeding 15 days	90% of the Annual rate
Exceeding 15 days to 1 month	85% of the Annual rate
Exceeding 1 month to 2 months	70% of the Annual rate
Exceeding 2 month to 3 months	60% of the Annual rate
Exceeding 3 month to 4 months	50% of the Annual rate
Exceeding 4 month to 5 months	40% of the Annual rate
Exceeding 5 month to 6 months	30% of the Annual rate
Exceeding 6 month to 7 months	25% of the Annual rate
Exceeding 7 month to 8 months	20% of the Annual rate
Exceeding 8 month to 9 months	15% of the Annual rate
For the period Exceeding 9 months	No Refund

- c. **Cancellation of Long Term cover**

No refund shall be allowed if there has been a claim under the cover.

1. If the cover is cancelled within 1 years of inception, the premium to be retained shall be worked out as per normal rates applicable - that is without allowing any discount.

2. If the cover is cancelled after 1 years of inception, the discount slab shall be reworked for the number of years the cover was actually in force. For this purpose fraction of a year shall be rounded to the next higher year. For example if the cover has run for 1 years and 1 months, premium shall be retained for 2 years.

3. Refund, if any, shall be subject to the retention of minimum premium of Rs.100 for annual cover and for cover Rs.250/-

**2. Cancellation by Us:**

- We will not cancel the Policy during the policy period except on the grounds of misrepresentation, non-disclosure of material facts, fraud or non-co- operation on Your part.
- In case of Total Loss of Your Home Building in a long term policy where You have decided not to reinstate Your Home Building in favour of a cash settlement of Your claim, We will cancel the cover for the remaining duration of the policy period. In such a case We shall refund the proportionate premium for the un-expired policy years after grossing up the premium paid by You towards long term discount, if any.

**3. Automatic termination of the Cover:**

This cover will automatically end in the following cases:

- Destruction of Your Home Building:** This cover will automatically end 7 (seven) days after Your Home Building collapses or is destroyed by reason other than any Insured Event. If a separable part of Your Home Building, or any additional structure falls down or is destroyed by reason other than any Insured Event, the covers will end for such part or additional

**GROUP DOMESTIC TRAVEL INSURANCE**

CHOTGDP23004V012223

**Policy Wordings**

structure.

You can apply within 7 (seven) days of such fall or destruction for continuing insurance cover. We may agree, but will not be bound, to continue the cover on the same rates, terms and conditions.

- b. **Exhaustion of Sum Insured:** If Your Home Building, or any additional structure, or any item of Home Contents, is lost, destroyed or stolen, or is a Total Loss, and We pay You the full Sum Insured for such item, the insurance cover for that item will automatically end unless the subject matter of insurance is reconstructed and the Sum Insured is reinstated by paying additional premium. If We pay the total Sum Insured for any claim, this Policy will end.
- c. **Change of use of Your Home Building or Home Contents:** The Policy will end
  - i. if You change the use of Your Home Building from personal residence to any other purpose, or
  - ii. if You use any item of Home Contents for use that is not personal.
- d. **Sale of Your Home Building or Home Contents:** This Policy will end when You sell, surrender or release Your interest in Your Home Building and/or Home Contents, or Your interest in the Home Building and/or Home Contents comes to an end. The Policy will end to the extent any additional structure of Your Home Building or item of Home Contents if You sell, surrender or release Your interest in such additional structure or item of Home Content, or Your interest in these ends.
- e. **Effect of death**  
In the event of the unfortunate death of the Insured during the Policy Period, the Home Building Cover and the Home Contents Cover that You have purchased will continue for the benefit of Your legal representative/s during the Policy Period subject to all the terms and conditions of this Policy.

**7. Claims Procedure applicable for Chola MS Bharat Griha Raksha Policy**

If You suffer a loss because of an Insured Event, You must make a claim for Your financial loss at Your cost. The procedure for making a claim is given below. These include things that **You must do**, and that **You must not do**. It is important to comply with these to ensure that it does not prejudice Your claim in any manner.

**1. Immediate notice to Us**

- a. As soon as any physical loss or damage occurs to Your Home Building or Home Contents due to an Insured Event, You must immediately give notice to Us of the loss or damage. This is necessary for Us to survey/ investigate the loss or damage, as may be required.
- b. You can give notice to any of Our offices or call-centres.
- c. You must state in this notice
  - i. the Certificate Number,
  - ii. Your name,
  - iii. details of report to the police that You made,
  - iv. details of report to any Authority that You made,
  - v. details of the Insured Event,
  - vi. a brief statement of the loss,
  - vii. particulars of any other insurance of Your Home Building or any of Your Home Contents,
  - viii. details of loss or damage under any Optional Cover or Add-ons,
  - ix. submit photographs of loss or physical damage, wherever possible.

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



**GROUP DOMESTIC TRAVEL INSURANCE**

**CHOTGDP23004V012223**

**Policy Wordings**

2. Steps to prevent loss and damage
  - a You must take all reasonable steps to prevent further loss or damage to Your Home Building and Home Contents.
  - b Until We have inspected Your Home Building and Home Contents, and have given Our consent,
    - i. You must not sell, give away or dispose of any damaged items of any property for which You are making a claim;
    - ii. You must not wash or clean, or remove any damaged item or debris, except for any urgent necessity;
    - iii. You must not carry out repairs, unless such repairs are urgent and You cannot contact Us.
3. Immediate notice to Authorities
  - a As soon as any loss or damage occurs to the Insured Property, You must give immediate report to appropriate legal authorities. For example, You must report to the fire brigade of the local authority and the police if there is damage by fire/ explosion / implosion or lightning. In case of subsidence /landslide/rockslide, You must inform the District Administration. In the event of impact damage of any kind or Riot Strikes, Malicious damages and acts of terrorism, You must inform the police. If there is a theft within 7 (seven) days following an Insured Event You must inform the police.
  - b We may, but not necessarily, waive this condition if We are satisfied that by reason of extreme hardship it was not possible for You or any other person on Your behalf to give such report.
4. Submit claim
  - a Claim form:
    - i. You must submit Your claim in Our claim form at the earliest opportunity, but within 30 days from the date You first notice the loss or damage. The claim form is available in any of Our branches, and on Our web-site.
    - ii. You must state in Your claim the details of any other insurance policy that covers the damage or loss for which You have filed Your claim, whether You have purchased such other insurance, or someone else has purchased it for You.
  - b We shall not be liable for any loss or damage after the expiry of 12 months from the happening of the loss or damage unless the claim is the subject of pending action or arbitration. If We disclaim liability for a claim You have made and if the claim is not made a subject matter of a suit in a court of law within a period of 12 months from the date of disclaimer, the claim shall not be recoverable hereunder.
5. Establish loss
  - a You must prove that the Insured Event has occurred, and the extent of physical loss or damage You have suffered with full details.
  - b When We request,
    - i. You must support Your claim for Home Building and/or Home Contents with plans, specification books, vouchers, invoices pertaining to costs incurred by You for reconstruction/replacement/repairs.
    - ii. You must allow Us, Our officers, surveyors or representatives to inspect the loss or damage to Your Home Building and/or Home Contents, and to take measurements, samples, damaged items or parts, and photographs that are relevant.

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



**GROUP DOMESTIC TRAVEL INSURANCE**

**CHOTGDP23004V012223**

**Policy Wordings**

- iii. You must give Us authority to see the relevant records and get information about the Event and Your loss from the police or any other authority.
- c. For Optional Cover of Personal Accident, Death Certificate and Post Mortem report (wherever necessary) shall be submitted.
- 6. Fraudulent claim**

If You, or anyone on Your behalf, make a false or fraudulent claim, or support a claim with any false or fraudulent statement or documents:

  - i. We will not pay,
  - ii. We can cancel the Policy: in such a case, You will lose all benefits under this Policy and premium that You have paid, and
  - iii. We can also inform the police, and start legal proceedings against You.
- 7. Other insurance**
  - a. If You have any other policy with Us or any other Insurance Company (taken by You or by anyone else for You) covering in whole or in part any claim that You have made under this Cover, You have a right to ask for settlement of Your claim under any of these policies.
  - b. If You choose to claim under this cover from Us, We will settle Your claim within the limits and the terms and conditions of this cover.
  - c. After We pay the amount under Your claim, We have the right to ask for contribution from the Insurers that have given You the other policies.
  - d. We will ensure that Our actions do not impose any liability on You.
- 8. Recovery action by Us**
  - a. When We accept and pay Your claim under the cover, We can start legal proceedings to recover the amount or property from the third party who has caused the loss or damage to Your Home Building or Home Contents. You must give authority to Us to take such action and exercise this right effectively, when We request You, whether before or after making payment of Your claim. You must give all information, cooperation, assistance and help for this purpose. You must not do anything which will prejudice Our right. We can do this
    - i. without seeking Your consent,
    - ii. in Your name, and
    - iii. whether or not Your loss has been fully compensated.
  - b. Any amount We recover from such person will be applied first to the costs of the legal proceedings and recovery, then to the claim amount We have paid or must pay to You. We will pay You any balance.
  - c. You can start legal proceedings against any person who has caused the loss or damage only with Our prior consent, and on conditions that We will impose. You must not compromise or settle any claim against such person without Our consent. If You recover any amount from such person, You must return to Us the amount We have paid for Your claim. We can take over the conduct of legal proceedings that You have started and continue the proceedings in Your name.
- Clause H. Changes to covers applicable to Chola MS Bharat Griha Raksha Policy**
  - a. You can choose to make changes to the covers of this Endorsement as may be permitted by Us, or increase or reduce any Sum Insured. You must make a proposal or request for any change. It will be effective only after We have accepted Your proposal, and You have paid the additional premium, where applicable.
  - b. This Policy (including the Policy Schedule, the proposal, declarations and Endorsements) consists of the entire contract between You and Us.



**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



**GROUP DOMESTIC TRAVEL INSURANCE**

**CHOTGDP23004V012223**

Policy Wordings

Clause I. Waiver of Underinsurance applicable to Chola MS Bharat Griha Raksha Policy

Underinsurance does not apply to the **Bharat Griha Raksha** Policy. Thus, if Your Sum Insured calculated on the basis of the information that You provided, is less than the actual value at risk, the difference will not affect the amount We pay.

Clause J. Other Details

**1. Notices**

- a We will send any notice, letter or communication in writing to You at Your address mentioned in the Policy Schedule, and to Your email address that You have registered with Us.
- b You will send any notice, letter, intimation or communication in writing to Us at Our branch office where You purchased this Policy. You can also send it at the address mentioned in the Policy Schedule.

**2. Nomination for this Policy**

You can nominate a person to receive the claim amount under this Policy in the event of Your death. You can make such nomination at the time You take the Policy, or later. You can also change the nomination at any time. You can make the nomination on Our nomination form available in Our office or from Our website: [www.cholainsurance.com](http://www.cholainsurance.com)

**3. Arbitration**

If any dispute or difference arises between You and Us regarding the amount of claim to be paid under this policy (liability having been admitted by Us), such difference shall independently of all other questions, be referred to the decision of a sole arbitrator to be appointed in writing by You and Us or if You and We cannot agree upon a single arbitrator within 30 days of either of Us opting for arbitration, the same shall be referred to a panel of three arbitrators comprising of two arbitrators, one to be appointed by each of Us, to the dispute/difference and the third arbitrator to be appointed by two such arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

This benefit is over and above the base Sum Insured. Claim under Chola MS Bharat Griha Raksha will be treated as per policy terms and conditions, irrespective of claim settlement under Base CI or PA cover during the policy period

**4. Territorial Limits:**

The Insurer's liability to make any payment under this section will be for Insured contingencies occurring within the premises named in the Policy.

**Endorsement no.28 – FINANCIAL EMERGENCY ASSISTANCE:**

**a. Coverage**

In the event the Insured requires financial emergency Assistance following incidents ie. Burglary/ theft of luggage/ money or hold up. The Assistance Service provider shall co- ordinate with the Insured's relatives within India to provide emergency cash assistance to the Insured per Insured's requirement, and make payment for transfer charges which has been made through Assistance Service Provider up to the limit of Sum Insured specified in the Policy Schedule/Certificate.

This benefit is over and above the Base Sum Insured.

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977

**GROUP DOMESTIC TRAVEL INSURANCE**

CHOTGDP23004V012223

Policy Wordings

**Endorsement no.28A – FINANCIAL EMERGENCY ASSISTANCE ON BENEFIT BASIS:****a. Coverage**

In the event the Insured requires financial emergency Assistance following incidents ie. Burglary/ theft of luggage/ money or hold up. The Assistance Service provider shall co- ordinate with the Insured's relatives within India to provide emergency cash assistance to the Insured per Insured's requirement, and pay a fixed benefit towards transfer charges which has been made through Assistance Service Provider as specified in the Policy Schedule/Certificate.

This benefit is over and above the Base Sum Insured.

**Endorsement no.29 – PET CARE:****a. Coverage**

This policy shall reimburse medical expenses including fees for the Veterinary Medical Practitioner's fees towards the medical care and treatment of the pet animal (limited to cat or dog) of the Insured / Insured Person arising due to an injury sustained whilst under the care of a friend, relative, house servant, other family members of the house or a Professional Carrier in India during the Insured/ Insured Person's trip, covered under this Policy.

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

This benefit is over and above the Base Sum Insured.

**b. Special Exclusions applicable to Pet Care:**

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

**Endorsement no.30 – SPORTS EQUIPMENT COVER:****a. Coverage**

In the event of Insured Person's own or hired Sports Equipment and / or its accessories are lost due to theft or damaged during the entire trip, the policy shall reimburse the market value of such lost or damaged equipment upto the maximum of the Sum Insured as mentioned in the Policy Schedule/Certificate.

The Insurer's liability to make payment is only in excess of the Deductible as mentioned in the Policy Certificate. A Deductible as mentioned in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

This benefit is over and above the Base Sum Insured.

**b. Specific Exclusions applicable to Sports Equipment Cover:**

Following losses are not covered under the policy:

1. Any loss due to theft or damage to insured/Insured Person sports equipment and accessories during insured's entire journey if he does not get a written PIR (Property Irregularity Report) issued by the airline. For the purpose he shall be required to lodge the complaint with the airline immediately.

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customer@cholams.murugappa.com](mailto:customer@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



**GROUP DOMESTIC TRAVEL INSURANCE**

**CHOTGDP23004V012223**

**Policy Wordings**

2. Loss to sports equipment and accessories at any other time if insured does not report the loss or theft to the local police within 24hrs of discovering it and get a written police report from them.
3. Loss or damage caused by delay, wear and tear, moths, vermin, weather and atmospheric conditions or mechanical failure.
4. Loss or damage to sports equipment and accessories left unattended at any place.
5. Any loss or damage to the property due to confiscation or detention by any authority other than airline.
6. Any loss falling under the General Exclusions of the Policy
7. Any amount of loss that has already been compensated from the club.

**c. Specific Conditions applicable to Sports Equipment Cover:**

1. The Insured must keep the damaged property for inspection of the insurer or its authorized representative at any time after the loss is reported to the insurer.
2. The Insured shall be required to surrender the said damaged property to the insurer on demand by them at the time of final settlement of the claim or shall agree to deduct an appropriate salvage value from the claim amount admissible at the option of the insurers.
3. If the claim involves a part of a set of Property, the insurer liability shall be limited to the value of that part which has been damaged or lost during the trip.
4. Receipts for items lost, stolen or damaged or proof of ownership should be preserved properly so as to the Insured to substantiate his claim.
5. The insured shall preserve all his recovery rights against the Third Party and shall be required to subrogate the same to the insurer at the time of settlement of claim.
6. Maximum depreciation applicable under this benefit shall not exceed 50% in any event.

**Endorsement no.31 – ADVENTURE SPORTS:**

**a. Coverage**

Any Injury / illness / diseases related to or contracted due to participation in any adventure sports activity will be covered under the base cover-Emergency Accidental Hospitalization and the optional covers- Emergency Medical Evacuation & Repatriation of Mortal remains, if opted on payment of requisite additional charges as agreed.

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

This benefit will form part of Base Sum Insured.

**Endorsement no.32 – CRUISE COVER:**

**a. Coverage**

The policy shall reimburse the following expenses incurred by the Insured Person in excess of the deductible upto a maximum of the Sum Insured as mentioned in Policy Certificate during the Policy Period:

**1. Missed Port Departure**

In the event where the insured / Insured person fails to arrive at the departure point in time to board the ship on which he has booked to travel on the initial journey of his trip as a result of:

- a) The failure of scheduled public transport on which the insured person is travelling
- b) An accident to or breakdown of the vehicle in which the insured person is travelling;

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



**GROUP DOMESTIC TRAVEL INSURANCE**

**CHOTGDP23004V012223**

Policy Wordings

c) An accident or breakdown occurring ahead of him on a motorway or dual carriageway which causes an unexpected delay to the vehicle in which Insured is travelling; or Strike, industrial action or adverse weather conditions,

The company shall reimburse the Insured / Insured Person reasonable additional accommodation (room only) and travel expenses necessarily incurred in joining the cruise ship journey at the next docking port up to the limit specified.

The Insurer's liability to make payment is only in excess of the Deductible as specified in policy schedule/certificate.

**2. UNUSED EXCURSIONS**

The policy shall reimburse the cost of pre-booked excursions, which insured / insured person were unable to use and which are not refundable from any other source as a direct result of being confined by the medical officer on the ship to insured/insured person own cabin due to an accident or illness which is covered Base Emergency Accidental Hospitalisation or the optional cover- Emergency Medical Expenses – Illness / Disease, if opted.

**3. CRUISE INTERRUPTION**

In the event of Insured/Insured person requiring hospital treatment on dry land due to temporary illness, the policy reimburse the amount specified in the policy schedule/certificate, the travel expenses incurred to reach the next port in order to re-join the cruise. The insured / insured person has to submit a certificate from the medical practitioner in attendance to confirm the insured/ insured person's unforeseen illness or injury.

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

This benefit is over and above the Base Sum Insured.

**Endorsement no.33 – DEBIT/CREDIT CARD FRAUD:**

**a. Coverage**

In the event of loss or Theft of the Insured Person's bank issued debit/credit/forex card in the place of visit within India whilst on a Trip, the Company shall reimburse the financial loss incurred by the Insured Person, arising out of any fraudulent utilization of such card from the time of such loss or Theft being reported until the time of such card being blocked by issuing bank, up to the limit of Sum Insured as specified in the Policy schedule/Certificate.

This Benefit shall be payable subject to the following:

- a. All claims made under this Benefit shall be payable in India and in Indian Rupees only.
- b. The Insured Person must have taken all reasonable steps to avoid any loss, damage or expense.
- c. The loss or Theft is to be reported to the issuing bank as soon as practicable, and a written police report is to be furnished to the Company.

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

This benefit is over and above the Base Sum Insured.

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977

**GROUP DOMESTIC TRAVEL INSURANCE**

CHOTGDP23004V012223

Policy Wordings

**b. Specific Conditions applicable to Debit/Credit card fraud:**

Any suit or legal proceedings against the Company under this section shall be filed and instituted in the court having jurisdiction in India only.

**c. Specific Exclusions applicable to Debit/Credit card fraud:**

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

1. Any claims where the loss can or could have been recovered from any other source.
2. Any claims where the reporting procedures of the issuing bank have not been followed as soon as practicable from the time of the Insured Person becoming aware of the loss or Theft.
3. Any claim where loss or Theft is not notified to the local police as soon as practicable from the time of the Insured Person becoming aware of the loss or Theft.
4. Any claim arising out of a loss where Insured Person has left the card unattended.
5. Any costs incurred in procurement of a new card.
6. Any claims arising out of, or in connection with any contractual liability.
7. Any claim arising out of a loss where the Insured Person, his/her Immediate Family Member, relative, colleague, Travelling Companion or business staff is involved as an accomplice or accessory.
8. Any loss or damage of a consequential nature.
9. Any financial loss or liability due to misuse of card occurring after the time of reporting the loss or Theft to the issuing bank.
10. Any claim, which is in any manner fraudulent or supported by any fraudulent statement or device

**Endorsement no.34 – LOSS OF GADGETS:****a. Coverage**

The policy shall reimburse the cost of replacement to the Insured/Insured Person for loss of Laptop, Tablet, Mobile phone, Drone, E-reading devices carried under personal baggage on a trip, due to any cause other than those excluded.

**b. Special Exclusions applicable to Loss of Gadgets:**

- a) The Excess stated in the policy Schedule/certificate to be borne by the Insured in any one occurrence. If, however, more than one property is lost or damaged in any one occurrence then the Insured shall not be called upon to bear more than the highest single deductible applicable to such properties.
- b) Loss or damage caused by any defects existing at the time of commencement of the present insurance within the knowledge of the Insured/Insured Person, whether such defects were known to the Company or not.
- c) Loss or damage as a direct consequence of wear and tear or of gradual deterioration due to atmospheric conditions.
- d) Any costs incurred in connection with the elimination of functional failures unless such failures were caused by an indemnifiable loss of or damage to the insured properties.  
Any costs incurred in connection with the maintenance of the insured properties, such exclusion also applying to parts exchanged in the course of such maintenance operations.
- e) Loss or damage for which the manufacturer or supplier of the insured properties is responsible either by law or under contract.
- f) Loss of or damage to rented or hired property for which the owner is responsible either by law or under lease and/ or maintenance agreement.

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



**GROUP DOMESTIC TRAVEL INSURANCE**

**CHOTGDP23004V012223**

**Policy Wordings**

- g) Consequential loss or liability of any kind or description.
- h) Aesthetic defects, such as scratches on painted polished or enameled surfaces.

In respect of the parts mentioned under (h) above, the Company shall be liable to provide compensation in the event such parts are affected by an indemnifiable loss of or damage to the insured properties.

- k) Wilful misconduct/ negligence on the part of the Insured/Insured Person.
- l) Theft from car except from car of fully enclosed saloon type having all the doors, windows and other openings securely locked.
- m) Loss/damage while kept in a secure hotel room unless forcible entry was used to gain access to it.
- n) Loss/damage not reported to Police within 24 hours of the discovery of loss and a report obtained.
- o) Loss/damage due to confiscation or detention by Customs or any other public authority.
- p) Loss/damage while left unattended at a public place or in a public conveyance.
- q) Loss/damage while sent under contract of afreightment.
- r) Loss or damage to equipment due to felonious assault, burglary

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

This benefit is over and above the Base Sum Insured.

**Endorsement no.35 – ALTERNATE EMPLOYEE/SUBSTITUTE EMPLOYEE EXPENSES:**

**a. Coverage**

The policy shall reimburse the cost of economy return fare incurred by the Insured/ Proposer towards sending an alternate employee for an uncompleted assignment, in case the original employee of the Insured who has been sent on an assignment and covered under this Policy, has to be transported back/repatriated to his/her usual place of residence in India, due to

- 1. Accident/Injury
- 2. Illness
- 3. Accidental death arising due to an injury whilst on trip.

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

This benefit is over and above the Base Sum Insured.

**b. Special Exclusion applicable to Alternate Employee/Substitute Employee Expenses**

The following exclusions applicable to the Personal Accident section shall be applicable to this Section also as far as the accidental death due to injury of the original employee is concerned who is covered under the Policy as the Insured Person.

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

- 1. Any existing physical disability.

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



**GROUP DOMESTIC TRAVEL INSURANCE**

**CHOTGDP23004V012223**

**Policy Wordings**

2. Accidents due to sleep disorders, hypnosis, tolerance and / or withdrawal symptoms due to intake of psychoactive drugs, stimulants, sedatives, narcotics, hallucinogens.
3. Damage to health caused by curative measures, radiation, Infection, poisoning except where these arise from an accident.
4. Any payment under this benefit whereby the Company's liability would exceed the sum payable in the event of accidental death.
5. Any other claim after a claim for accidental death has been admitted by the Company and becomes payable.
6. Any claim which arises out of an accident connected with the operation of an aircraft (Including Cabin Crew) or which occurs during parachuting except when the Insured/Insured Person is flying as a Fare Paying passenger in a multi-engine, scheduled commercial aircraft or Air Charter company.
7. Payment of compensation in respect of accidental death, injury or disablement of the Insured/Insured Person from;
  - a. intentional self-injury, suicide, or attempted suicide.
  - b. whilst under the influence of intoxication, liquor or drugs.
  - c. arising or resulting from the insured/insured person committing any breach of law with criminal intent or participating in an actual or attempted felony, riot, crime, misdemeanour or civil commotion.
  - d. whilst engaging in speed contest or racing of any kind, hunting, bungee jumping, parasailing, ballooning, skydiving, paragliding, hand gliding, mountaineering or rock climbing, potholing, abseiling, deep sea diving, polo, snow and ice sports, etc. unless specifically covered and duly mentioned in the Policy Schedule/certificate.
8. Any consequential loss or damage cost or expense of whatsoever nature.
9. Accidental Death or disablement resulting, directly caused by, contributed to or aggravated or prolonged by childbirth, maternity or pregnancy or in consequence thereof, venereal disease or infirmity.
10. Payment of compensation in respect of accidental death, injury or disablement of the Insured/Insured Person, due to or arising out of or directly connected with or traceable to act of terrorism or terrorist activities.
11. Any exclusion mentioned in the 'General Exclusions' section of this Policy.

**Endorsement no.36 –LOSS OF DEPOSIT OR CANCELLATION(HOTEL &AIRLINE):**

**a. Coverage**

**i. All Risk Cover:**

This Section shall reimburse expenses for necessary and unavoidable cancellation of Hotel and/ or Airline booking arrangement by the client.

The Company shall be liable to reimburse the forfeited, non-refundable prepaid payments if the Insured event occurs on the trip start date or within 24 hours prior to the trip start date.

The Company will reimburse for the forfeited, non-refundable prepaid payments, made prior to the Insured/ Insured Person's departure date after adjusting the proceeds of cancelling or preponing of the arrangement, if any.

**ii. Bounced Hotel booking coverage:**

In the event of hotel booking at destination point(s) being bounced i.e. Insured Person(s) could not obtain hotel



**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



**GROUP DOMESTIC TRAVEL INSURANCE**

**CHOTGDP23004V012223**

**Policy Wordings**

accommodation services already booked for him on confirmed basis with the suppliers / agents within India due to non-supply of services, the Insurance Company shall reimburse to the extent of 80% of following expenses:

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

**b. Special Exclusions applicable to Loss of Deposit or Cancellation (Hotel & Airline)**

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

1. Common carrier-caused delays, including an announced, organized sanctioned union labour strike that affects public transportation, unless the commencement of the period of insurance is prior to a date when the strike is foreseeable and sufficient notice has been issued by way of local newspaper or any other media advisory on actual occurrence of such an event. A strike is foreseeable on the date the labour union members vote to approve a strike.
2. Travel arrangements cancelled or changed by an airline, cruise line, or tour operator, unless the cancellation is the result of inclement weather.
3. Changes in plans by the Insured/ Insured Person, an immediate family member, or travelling companion for any reason.
4. Adverse change in financial circumstances of the Insured/ Insured Person, any family member, or a travelling companion.
5. Any business or contractual obligations of the Insured/Insured Person, any family member, or a travelling companion, except for termination or layoff of employment of the Insured/Insured Person or the travelling companion of the Insured as defined above.
6. Default by the person, agency, or tour operator from whom the Insured / Insured Person bought this Policy and/or made travel arrangements.
7. Any government regulation or prohibition.
8. An event or circumstance, which occurs prior to the commencement of the period of insurance.
9. On account of a felonious assault, where the Insured/Insured Person, any family member of the Insured/Insured Person, the travelling companion or travelling companion's family member has been a principal or accessory in the assault committed.
10. Any exclusion mentioned in the 'General Exclusions' section of this Policy.

**c. Special condition applicable to Loss of Deposit or Cancellation (Hotel & Airlines):**

1. The benefits payable under this cover shall be upto the Sum Insured less any refunds paid or payable by the Hotel or Airline.
2. In the event that claims are submitted for Bounced Hotel Booking as well as under the optional cover – Bounced Hotel Booking (if opted), the higher of the claims shall be payable by the Company during any one period of insurance.

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

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



**GROUP DOMESTIC TRAVEL INSURANCE**

CHOTGDP23004V012223

Policy Wordings

This benefit is over and above the Base Sum Insured.

**Endorsement no.37 –TRAVEL LOAN SECURE:**

**a. Coverage**

The policy shall reimburse to the Insured Person in case the Insured Person has borrowed, for the purpose of this Trip, from an NBFC/Bank or any other entity authorized by relevant authorities in India. Indemnity will be provided for the following perils: Personal Accident Death, Permanent Total Disablement and permanent partial disability of the Insured Person within 180 days from the date of such bodily injury and such bodily injury is the sole and direct cause of his death or permanent total disablement Proceeds will be paid to the lending entity provided that the Insured Person has assigned benefits under this section of the policy in favor of the entity

Indemnity is provided to the extent of principal outstanding amount at the time of loss or Sum Insured as specified under this section in the Policy schedule/certificate whichever is lower.

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

This benefit is over and above the Base Sum Insured.

**b. Specific Conditions applicable to Travel Loan Secure:**

This section does not cover the loan taken from any individual / firm / non-financial institution (including his/her own firm / company) other than Commercial Bank /licensed financial institutions.

**c. Specific Exclusion applicable to Travel Loan Secure:**

No claim under this section would be paid if the death is due to or caused by

1. Directly caused by contributed to related to or aggravated or prolonged by childbirth or pregnancy or in consequence thereof,
2. Due to participation in winter sports, skydiving, parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing, riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot holing, hunting or equestrian activities, skiing, diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters ( 2 miles), participation in any Professional Sports, any bodily contact sport or any other hazardous or potentially dangerous sports.
3. Any loss falling under general exclusion of the policy

**Endorsement no.38 – MOBILITY AIDS ALLOWANCE:**

**a. Coverage**

If Insured Person has met with an Accident during the Policy period and sustained grievous bodily injuries for which treating Medical Practitioner gives a written medical advice for procurement of prosthetic device or equipment, then in addition to any amount payable under other Sections, the policy will reimburse the charges incurred by the Insured person for procuring medically necessary prosthetic devices up to the amount stated in the policy schedule/certificate.

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



**GROUP DOMESTIC TRAVEL INSURANCE**

**CHOTGDP23004V012223**

**Policy Wordings**

These devices are artificial devices replacing body parts, including artificial limbs, arms or eyes, orthopedic braces (including but not limited to Cane, Crutches, forearm crutch, Walkers, Walker cane hybrid, Gait trainers, Seated walking scooter, Wheelchairs and scooters, Stairlifts and similar devices, patient transfer devices and other aids of similar utility, arm, back or neck braces) and durable medical equipment (including but not limited to crutches, wheelchairs, power mobility devices, and hospital beds) which fulfils the insured person's basic medical needs consequent to an injury.

Durable medical equipment excludes spectacles, contact lenses, hearing aids, blood pressure monitoring machine, diabetes monitoring machine

This benefit is over and above the Base Sum Insured.

**Endorsement no.39 – TRAVEL WITH PET COVER:**

**a. Coverage**

If the Insured Person is travelling with his Pet and during the Trip:

- (a) If the Insured Person's Pet suffers an Injury or Illness not related or attributed to any Pre-Existing condition, then the company will reimburse the medical expenses incurred towards the inpatient & / or outpatient treatment of the pet, or
- (b) If the Insured Person suffers an Injury or Illness due to which he is admitted in a Hospital and there is no one to take care of the pet, then the company will reimburse the expenses incurred towards the safe and comfortable stay of pet at the pet boarding house

Please be informed that:

- (a) The Insured Person's pet has been validly transported and accommodated in accordance with the rules of the Common Carrier, hotel or other provider of accommodation;

The Insured Person's pet is maintained by the Insured Person exclusively for company, protection or entertainment, and not for the purposes of commerce or research

This benefit is over and above the Base Sum Insured.

**Endorsement no.40 – MISSED DEPARTURE:**

**a. Coverage**

If the Insured / Insured person cannot reach the original departure point of Insured/Insured persons booked journey or the onward or return journey due to below mentioned, the policy shall reimburse the cost for alternative travel arrangement (Common Carrier- Air/ Rail).

- inclement weather conditions;
- failure of public transport services;
- accident of the vehicle in which you are travelling, on the way to catch the return flight/ train journey;
- death of the Insured Person or the travelling Insured Person's parent, spouse or child;
- sudden illness or injury causing hospitalisation of the Insured Person or the travelling Insured Person's parent, spouse or child.

The company shall pay such cost after adjusting the reimbursed made by the airline.

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



**GROUP DOMESTIC TRAVEL INSURANCE**

CHOTGDP23004V012223

Policy Wordings

This benefit is over and above the Base Sum Insured.

**b. Special Exclusions applicable to Missed Departure:**

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

**Endorsement no.40A – MISSED DEPARTURE ON BENEFIT BASIS:**

**a. Coverage**

If the Insured / Insured person cannot reach the original departure point of Insured/Insured persons booked journey or the onward or return journey due to below mentioned, the policy shall pay a fixed benefit equal to the sum insured as specified in the policy schedule/certificate.

- inclement weather conditions;
- failure of public transport services;
- accident of the vehicle in which you are travelling, on the way to catch the return flight/ train journey;
- death of the Insured Person or the travelling Insured Person's parent, spouse or child;
- sudden illness or injury causing hospitalisation of the Insured Person or the travelling Insured Person's parent, spouse or child.

This benefit is over and above the Base Sum Insured.

**b. Special Exclusions applicable to Missed Departure on benefit basis:**

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

**Endorsement no.41 – FLIGHT DIVERSION & CANCELLATION:**

**a. Coverage**

The policy shall reimburse the insured for the alternate expenses incurred for reaching the intended destination if the flight on which the insured was travelling as a fare paying passenger is diverted or cancelled as a result of major travel event (s) which are listed below.

Covered perils:

1. Air traffic congestion / Bad weather at the city airport making it impossible for the aircraft to land.
2. Strike by the airline authorities.
3. Industrial action or terrorist attack at the destination airport.

This benefit is over and above the Base Sum Insured.

**b. Specific conditions applicable to Flight Diversion & Cancellation:**

- (a) Insured can only claim under any one of the optional covers - of Trip Delay (Airways) or Missed Connection (Airways) or Missed Departure or Flight Diversion & Cancellation or Flight Delay, if opted

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



**GROUP DOMESTIC TRAVEL INSURANCE**

**CHOTGDP23004V012223**

Policy Wordings

- (b) Benefit shall not be applicable if such delay is foreseen by the Insured or that the Insured could have reasonably become aware of such delay in advance.
- (c) Any deviation from the originally scheduled route done at the instance of the Insured for reasons whatsoever.
- (d) Any occasion when the carrier has offered an alternative transport or connection or the Insured Person's ticket for the connecting flight could have been used for an alternative connection.

**Endorsement no.41A – FLIGHT DIVERSION & CANCELLATION ON BENEFIT BASIS:**

**a. Coverage**

The policy shall pay a fixed benefit equal to the sum insured as specified in the policy schedule/certificate, if the flight on which the insured was travelling as a fare paying passenger is diverted or cancelled as a result of major travel event (s) which are listed below.

Covered perils:

1. Air traffic congestion / Bad weather at the city airport making it impossible for the aircraft to land.
2. Strike by the airline authorities.
3. Industrial action or terrorist attack at the destination airport.

This benefit is over and above the Base Sum Insured.

**b. Specific conditions applicable to Flight Diversion & Cancellation on benefit basis:**

- a) Insured can only claim under any one of the optional covers - of Trip Delay on Benefit basis (Airways) or Missed Connection on Benefit basis (Airways) or Missed Departure or Flight Diversion & Cancellation on benefit basis or Flight Delay on Benefit basis, if opted
- b) Benefit shall not be applicable if such delay is foreseen by the Insured or that the Insured could have reasonably become aware of such delay in advance.
- c) Any deviation from the originally scheduled route done at the instance of the Insured for reasons whatsoever.
- d) Any occasion when the carrier has offered an alternative transport or connection or the Insured Person's ticket for the connecting flight could have been used for an alternative connection

**Endorsement no.42 – BAGGAGE DELAY IN COMMON CARRIER:**

**a. Coverage**

The policy will reimburse the insured upto the maximum of sum insured specified in the policy schedule/certificate towards purchasing necessary Personal Effects if the insured's Checked in-Baggage is delayed for more than number of hours as stated in the Policy Schedule / Certificate, from the time the insured arrived at the intended destination as stated on the ticket.

Please be informed that

- (a) The payment for this benefit will be limited to the travel destinations as specified in the insured's travel ticket (issued by Common Carrier). Insured must be a ticketed passenger on Common Carrier and must provide with written proof of delay from the common carrier.
- (b) If upon further investigation it is later determined that the insured's baggage checked with the Common Carrier has been lost, any amount claimed and paid to the insured under this section will be deducted from any payment due to the Insured under the optional cover-Baggage Loss in Common carrier (if opted).

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



**GROUP DOMESTIC TRAVEL INSURANCE**

**CHOTGDP23004V012223**

Policy Wordings

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

This benefit is over and above the Base Sum Insured.

In addition to the General Exclusions listed in this Policy this coverage shall not cover any actual or alleged delay arising from detention, confiscation or distribution by customs, police or other public authorities.

**Endorsement no.42A – BAGGAGE DELAY IN COMMON CARRIER ON BENEFIT BASIS:**

**a. Coverage**

The policy will pay a fixed amount equal to the sum insured specified in the policy schedule/certificate, if the insured's Checked in-Baggage is delayed for more than number of hours as stated in the Policy Schedule / Certificate, from the time the insured arrived at the intended destination as stated on the ticket.

Please be informed that

- a) The payment for this benefit will be limited to the travel destinations as specified in the insured's travel ticket (issued by Common Carrier). Insured must be a ticketed passenger on Common Carrier and must provide with written proof of delay from the common carrier.

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

This benefit is over and above the Base Sum Insured.

In addition to the General Exclusions listed in this Policy this coverage shall not cover any actual or alleged delay arising from detention, confiscation or distribution by customs, police or other public authorities.

**Endorsement no.43 – BAGGAGE LOSS IN COMMON CARRIER:**

**a. Coverage**

The policy will reimburse the cost of replacement of the entire baggage and its contents, if the entire piece of Checked -in- Baggage, held in the care, custody and control of a Common Carrier is lost due to theft or misdirection by a Common Carrier or non- delivery at its destination while the Insured is a ticketed passenger on the Common Carrier

This benefit is over and above the Base Sum Insured.

**Please be informed that:**

- (a) Maximum amount to be reimbursed per checked in baggage is 50% of the applicable Sum Insured.
- (b) Maximum value per Article contained in the checked in baggage is 10% of the applicable Sum Insured.
- (c) We will not pay more than the sum insured mentioned in the schedule/certificate for all the checked-in baggage.
- (d) The Insured Person has to obtain a property irregularity report from the Carrier confirming the loss.

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



**GROUP DOMESTIC TRAVEL INSURANCE**

**CHOTGDP23004V012223**

Policy Wordings

- (e) The cover is limited to the travel destinations specified in the main travel ticket from his/her usual place of residence.
- (f) The Company's payment will be reduced by any sum for which the Carrier is liable to make payment.
- (g) If We accept a claim under the optional covers-Baggage Delay in Common carrier or Delay of Checked-in Baggage (Airways), if opted and there is a subsequent claim under this Section in respect of the same baggage,
- (h) We will pay the difference between the amount due or paid under optional covers-Baggage Delay in Common carrier or Delay of Checked-in Baggage (Airways), if opted and the amount payable in respect of the claim under this section.
- (i) The policy will not make any payment for claim directly caused by, arising from or in any way attributable to:
  - a. Valuables, Money, any kinds of securities or tickets.
  - b. Any damage to the baggage or its contents including pilferage from the baggage.
  - c. Delay, detention, confiscation or distribution of baggage by customs, police or other public authorities.
  - d. Prohibited items as per the Carrier's Policy

**Endorsement no.43A – BAGGAGE LOSS IN COMMON CARRIER ON BENEFIT BASIS (AIRWAYS):**

**a. Coverage**

The policy will pay a fixed benefit equal to the sum insured as specified in the policy schedule/certificate, if the entire piece of Checked -in- Baggage, held in the care, custody and control of a Common Carrier is lost due to theft or misdirection by a Common Carrier or non- delivery at its destination while the Insured is a ticketed passenger on the Common Carrier

This benefit is over and above the Base Sum Insured.

**Please be informed that:**

- 1. We will not pay more than the sum insured mentioned in the schedule/certificate for all the checked-in baggage.
- 2. The Insured Person has to obtain a property irregularity report from the Carrier confirming the loss.
- 3. The cover is limited to the travel destinations specified in the main travel ticket from his/her usual place of residence.
- 4. The policy will not make any payment for claim directly caused by, arising from or in any way attributable to:
  - a. Valuables, Money, any kinds of securities or tickets.
  - b. Any damage to the baggage or its contents including pilferage from the baggage.
  - c. Delay, detention, confiscation or distribution of baggage by customs, police or other public authorities.
  - d. Prohibited items as per the Carrier's Policy

**Endorsement no.44 – LOSS OF BAGGAGE AND PERSONAL BELONGINGS:**

**a. Coverage**

If, during the Period of Insurance, Personal Documents and/or Personal Effects owned by or in the custody of an Insured Person are damaged or lost, then the policy will reimburse the Insured Person the cost of replacement of



**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



**GROUP DOMESTIC TRAVEL INSURANCE**

**CHOTGDP23004V012223**

**Policy Wordings**

the articles for any amount up to the Total Sum Insured stated in the policy Schedule/certificate. The Deductible, if applicable, shall be deducted from the Compensation payable.

This benefit is over and above the Base Sum Insured.

**b. Specific Conditions applicable to Loss of Baggage and Personal Belongings:**

1. All claims will be subject to the Company at its own discretion assessing the value of the claim based on the age and estimated wear and tear of the article that forms the basis of the claim.
2. If applicable and if payment has been made under the optional covers - Baggage Loss in Common carrier (Airways) or Total Loss of checked in Baggage (Airways) if opted, any amounts paid would be deducted from payment of a claim under this Section of the Policy.
3. If a Policyholder or Insured Person has other insurance against a loss covered by this Section, then the Company shall not be liable for a greater proportion of the loss than the applicable benefit under this Section bears to the total applicable benefit under all such insurance.

**c. Specific Definitions applicable to Loss of Baggage and Personal Belongings:**

- a. **"Personal Documents"** means an Insured Person's identity card (if applicable), ration card, voter identity card, passport, driving license.
- b. **"Personal Effects"** means an Insured Person's mobile, laptop or tablet.

**d. Specific Claims Provisions applicable to Loss of Baggage and Personal effects:**

In the event of a claim the Insured Person must:

1. give immediate written notice:
  - a. to the relevant Common Carrier in the event of loss or damage in transit;
  - b. to the relevant police authority in the event of loss or theft;
2. submit a copy of the relevant Common Carrier or police report when a claim is made;
3. obtain a Common Carrier or police report where the loss occurred;
4. in the event of loss by a Common Carrier, retain original tickets and baggage slips and submit them when a claim is made;
5. submit original purchase receipts in the event of claims regarding goods purchased during the Insured Journey; and
6. for claims involving jewellery, submit original or certified copies of valuation certificates issued prior to the commencement of the Period of Insurance, when a claim is made

For purposes of any claim hereunder:

1. a pair of skis, ski boots and accessories shall be regarded as one item;
2. bottles of perfume, aftershave, and make up shall together be regarded as one item;
3. the equipment and accessories of any sport that an Insured Person takes on a trip shall be regarded as one item.

**e. Special Exclusions applicable to Loss of Baggage and Personal Effects:**

The Company shall not be liable to pay any benefit in respect of any Insured Person for:

1. loss of cash, bank or currency notes, cheques, debit or credit cards or unauthorized use thereof, postal orders,

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



**GROUP DOMESTIC TRAVEL INSURANCE**

**CHOTGDP23004V012223**

**Policy Wordings**

- travellers cheques, travel, tickets, securities of any kind and petrol or other coupons.
2. mechanical or electrical breakdown or derangement or breakage of fragile or brittle articles, or damage caused by such breakage unless caused by fire or by Accident to the conveying vehicle.
  3. destruction or damage due to wear and tear, moth or vermin.
  4. baggage, clothing and personal effects dispatched as unaccompanied baggage.
  5. theft from a motor vehicle unless the property is securely locked in the boot and entry to such vehicle is gained by visible, violent and forcible means.
  6. loss or damage to sports equipment whilst in use, contact lenses, samples, tools.
  7. for loss, destruction, or damage due to delay, confiscation or detention by order of any government or Public Authority.
  8. for loss, destruction or damage directly occasioned by pressure waves, caused by aircraft or other aerial devices travelling at sonic or supersonic speeds.
  9. for loss, destruction or damage caused by any process of cleaning, dyeing, repairing or restoring.
  10. for loss, destruction, or damage caused by atmospheric or climatic conditions or any other gradually deteriorating cause.
  11. a claim involving animals.
  12. loss, including but not limited to loss by theft, or damage to vehicles or other accessories.
  13. for any loss that is not reported either to the appropriate police authority or transport carrier within twenty-four (24) hours of discovery or if the carrier is an airline if a property irregularity report is not obtained.
  14. baggage and/or personal effects sent under an airway-bill or bill of lading.
  15. contact lenses, glasses, hearing aids or bridges or dentures for a tooth or teeth.

**Endorsement no.45 – TERRORISM COVER:**

**a. Coverage**

Notwithstanding any of the exclusions mentioned in the policy wordings, It is hereby understood and agreed that in consideration of payment of additional premium, the policy extends to cover claims due to Terrorism as defined under the policy for the Insured benefits vide Basic Emergency Accidental Hospitalisation or Base Personal Accident Cover or Endorsement no.4. Personal Accident-Common Carrier, if opted.

**Endorsement no.46 – KEY REPLACEMENT:**

**a. Coverage**

If an insured person incurs expenses towards the following during the insured journey then the policy will reimburse upto the maximum sum insured as specified in the policy schedule/certificate for the following expenses:

1. Key Replacement – Reimbursement of the cost of replacing the insured's residence and/or vehicle keys which are lost or stolen. The covered cost is limited to the money you paid to a locksmith to produce a new key.
2. Break-in Protection – Reimbursement of the cost of replacing the Insured's locks and keys if the residence or vehicle is broken into. The covered costs include the labor cost for replacing the lock.
3. Lock Out Reimbursement – Reimbursement of the cost of obtaining a locksmith if the insured is locked out of his/her residence or the insured's vehicle due to the loss or theft of your keys.
4. Rental Car Reimbursement – Reimbursement of the reasonable cost of a rental car if the Insured's vehicle keys are lost or stolen and it will take more than 24 hours to replace them.

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



**GROUP DOMESTIC TRAVEL INSURANCE**

CHOTGDP23004V012223

Policy Wordings

This benefit is over and above the Base Sum Insured.

**b. Specific Exclusions applicable to Key Replacement:**

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

1. costs other than those listed above
2. costs associated with lost or stolen keys for a residence other than the Insured's primary residence;
3. The cost to replace keys to vehicles that the Insured does not own for personal use;

**c. Specific Conditions applicable to Key Replacement:**

For break-in protection claims, the Insured must provide an official police report that indicates the incident happened within the covered time frame in order for us to pay the claim; unless you are legally incapable of doing so.

**Endorsement no.47 – LOSS OF DOCUMENTS:**

**a. Coverage**

The policy will reimburse the actual expenses necessarily incurred by the insured to obtain the Duplicate or remake the Identity documents such as Driving License, PAN Card, Aadhar Card, Voter Id or any other identity proof, if he or she loses the same during the policy period

This benefit is over and above the Base Sum Insured.

**b. Specific Exclusions applicable to Loss of documents:**

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

1. transportation tickets, or other similar items or personal papers and payment cards;
2. losses that are caused by any events other than lost or stolen, such as fire, water, normal wear and tear, manufacturing defects, vermin, insects, cleaning or repairs, or similar events;
3. accidental damage to insured's wallet and items inside;
4. any fraudulent/unauthorized charges on the lost or stolen payment cards;
5. any identity theft related costs that are caused by lost or stolen personal papers or payment cards

**c. Specific Conditions applicable to Loss of documents:**

Insured must provide an official police report that indicates the incident happened within the covered time frame in order for us to pay the claim; unless you are legally incapable of doing so.

**Endorsement no.48 – CHANGE FEE COVERAGE (AIRWAYS):**

**a. Coverage**

The policy shall reimburse the fees charged by the airline to change these dates up to the sum insured as specified in the policy schedule/certificate. (Note: Covered reasons include having your trip cancelled or interrupted for a covered reason listed — with the exception of cessation of operations — or because the Insured or a traveling companion are delayed by severe weather on the way to your flight as long as you allowed enough time to board your flight as scheduled.)

**b. Co-Payment applicable to Change fee coverage (Airways):**

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



**GROUP DOMESTIC TRAVEL INSURANCE**

CHOTGDP23004V012223

Policy Wordings

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

This benefit is over and above the Base Sum Insured.

**Endorsement no.49 – CYBER SECURITY:**

**a. Coverage**

The Policy shall reimburse the expenses incurred by the Insured Person during the Policy Period upto a maximum of the Sum Insured due to:

- a. Any fraudulent and unauthorized access to usage,
- b. deletion or alteration of your personal data stored in Insured's computer system including his/her digital devices, Defense and prosecution costs against identity theft occurring on Insured's legitimate Social Media account as a result of a cyber-attack,
- c. Repeated use of digital communications to harass or frighten the Insured, Computer program received through SMS, File transfer, downloaded programs from internet or any other digital means by his/her computer system including the digital devices maliciously designed to infiltrate and damage it without insured's consent, Funds wrongfully or erroneously paid by him/her as a direct result of Third Party's unauthorized targeted cyber intrusion into Insured's computer system,
- d. Any attempt to obtain his/her sensitive information such as usernames, passwords, and credit card details often for malicious reasons, by masquerading as a trustworthy entity through an electronic communication,
- e. A forgery or a wrongful manipulation of an E-mail header so that the message appears to have originated from the actual source Any liability arising out of unintended publication or broadcasting of any digital content resulting out of a Cyber Attack on your Computer System including your digital devices,
- f. A threat to cause a Privacy Breach, Data Breach or Cyber Attack,
- g. Any unauthorized disclosure of your personal data by a third party or any unauthorized access or use of your personal data stored in Third Party's computer system.

This benefit is over and above the Base Sum Insured.

**Endorsement no.50 – IDENTITY THEFT:**

**a. Coverage**

If an insured person incurs expenses resulting in efforts to resolve the identity theft, and expenses can be submitted up to 12 months after you make a claim, we will pay (up to the maximum sum insured as specified in the policy schedule/certificate for this benefit) for the following expenses:

**1. Legal Expenses** – We will reimburse you for attorney and court fees incurred by you for:

- a. Defending any suit brought against you by a creditor or collection agency or someone acting on their behalf as a result of the identity theft;
- b. Removing any civil or criminal judgment wrongfully entered against you as a result of the identity theft;

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



**GROUP DOMESTIC TRAVEL INSURANCE**

CHOTGDP23004V012223

**Policy Wordings**

c. Challenging the accuracy or completeness of any information in your consumer credit report provided this information is inaccurate and falsely provided to the credit agency or financial institution as a result of identity theft.

2. **Lost Wages** - We will reimburse you for time taken from work solely as a result of your efforts to correct your financial records that have been altered due to identity theft. Payment of lost wages includes compensation for whole or partial unpaid workdays. You must take these unpaid days within 12 months of making a claim

3. **Obligation to pay** - If any credit accounts and or bank accounts were opened in your name without your authorization, we will pay for your actual loss from the unauthorized account. We will pay for your legal obligation to pay a creditor when the account was created as part of your identity theft.

4. **Miscellaneous Expenses** – We will reimburse the following expenses:

a. The cost of re-filing applications for credit accounts or banking accounts that are rejected solely because the lender received incorrect information as a result of identity theft;

b. The cost of notarizing documents related to your identity theft, long distance telephone calls, and certified mail reasonably incurred as a result of your efforts to report an identity theft or to correct your financial and credit records that have been altered as a result of your identity theft;

c. The cost of contesting the accuracy or completeness of any information contained in your credit history as a result of your identity theft;

d. The cost of a maximum of 4 (four) credit reports from an entity approved by us. The credit reports shall be requested when you make a claim.

This benefit is over and above the Base Sum Insured.

**b. Specific Exclusions applicable for Identity Theft:**

We will not pay for any expenses or loss as a result of:

1. Monetary losses other than those covered above

2. Any physical injury, sickness, disease, disability, shock, mental anguish and mental injury including required care, loss of services or death;

3. Requesting credit reports before the discovery of your identity theft;

4. Taking time from self-employment or workdays that will be paid by your employer in order to correct your financial records that have been altered due to identity theft.

**c. Specific Conditions applicable for Identity Theft:**

1. The fraudulent account must have been opened in your name without your authorization.

2. Any false charge or withdrawal from the unauthorized opened account must be verified by your financial institution.

3. Coverage for false charges is limited to the amount you are held liable for by the financial institution.

4. We will be permitted to inspect your financial records.

5. You will cooperate with us and help us to enforce any legal rights you or we may have in relation to your identity theft; this may include your attendance at depositions, hearings and trials, and giving evidence as necessary to resolve your identity theft.

6. You will only have to pay one deductible per identity theft occurrence during the policy period.

**Endorsement no.51 – CARRIER CANCELLATION:**

**a. Coverage**

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customer@cholams.murugappa.com](mailto:customer@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



**GROUP DOMESTIC TRAVEL INSURANCE**

CHOTGDP23004V012223

**Policy Wordings**

The policy shall reimburse the expenses incurred up to the Sum Insured specified in the policy schedule/certificate, if the Insured's booked and confirmed journey is cancelled within 3 hours prior to the scheduled departure by the Common Carrier, provided that the Insured Person provides Us with a written proof from the Common Carrier of the cancellation of the journey unless this proof is available to Us directly from a reliable source in the public domain.

The company shall not be liable to reimburse any expenses under this for any cancellation of the journey by the Insured Person.

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

This benefit is over and above the Base Sum Insured.

**Endorsement no.51A – CARRIER CANCELLATION ON BENEFIT BASIS:**

**a. Coverage**

The policy shall pay a fixed benefit equal to the Sum Insured specified in the policy schedule/certificate, if the Insured's booked and confirmed journey is cancelled within 3 hours prior to the scheduled departure by the Common Carrier, provided that the Insured Person provides Us with a written proof from the Common Carrier of the cancellation of the journey unless this proof is available to Us directly from a reliable source in the public domain.

The company shall not be liable to reimburse any expenses under this for any cancellation of the journey by the Insured Person.

This benefit is over and above the Base Sum Insured.

**Endorsement no.52 – DIGITAL CAMERA INSURANCE:**

**a. Coverage**

The Company hereby agrees with the Insured (subject to the Exclusions & Conditions contained herein or endorsed hereon) that if at any time during the Policy Period, the Digital Camera insured and as defined in the policy shall suffer any unforeseen and sudden physical loss or damage from any cause whilst a trip during the policy period, other than those specifically excluded, in a manner necessitating repair or replacement, the Company will indemnify the Insured Person in respect of such loss or damage upto the maximum of the Sum Insured subject to a Co-payment as mentioned in the Policy Certificate.

**b. Specific Exclusion applicable to Digital Camera Insurance:**

The Company shall not, however, be liable for

1. Loss or damage caused by any faults or defects existing at the time of commencement of the present insurance within the knowledge of the Insured, or his representatives, whether such faults or defects were known to the Company or not;
2. Loss or damage as a direct consequence of the continual influence of operation (eg. wear and tear, cavitations, erosion, corrosion, incrustation) or of gradual deterioration due to atmospheric conditions;
3. any costs incurred in connection with the maintenance of the Digital Camera, such exclusion also applying to parts exchanged in the course of such maintenance operations;

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



**GROUP DOMESTIC TRAVEL INSURANCE**

**CHOTGDP23004V012223**

**Policy Wordings**

4. loss or damage for which the manufacturer or supplier of the Digital camera is responsible either by law or under contract;
5. loss of or damage to rented or hired Digital Camera for which the owner is responsible either by law or under a lease and/or maintenance agreement;
6. consequential loss or liability of any kind or description;
7. aesthetic defects
8. any Digital Single Lens Reflex (DSLR) camera purchased 30 days prior to the inception of this policy.
9. Damage due to Pollution: any damage, loss or destruction to the Digital Camera on account of pollution or contamination

**c. Specific Conditions applicable to Digital Camera Insurance:**

1. In cases where damage to the Digital Camera can be repaired the Company shall pay the expenses necessarily incurred to restore the damaged camera to its former state of serviceability
2. In cases where the Digital Camera is destroyed, the Company will pay the actual value of the item immediately before the occurrence of the loss
3. the cost of any alterations, improvements or overhauls shall not be recoverable under this cover
4. in cases where the Digital Camera is subjected to total loss and meanwhile it becomes obsolete, all costs necessary to replace the lost or damaged Digital Camera with a follow-up model of similar type and similar quality will be reimbursed.
5. The Company will make payments only after being satisfied, with necessary bills and documents that the repairs have been effected or replacements have taken place, as the case may be.

**d. Warranty applicable to Digital Camera Insurance:**

It is warranted that the Maintenance Agreement in force at the inception of this policy is maintained during the currency of this policy and no variation in the terms of the Agreement shall be made without the written consent of the Company being obtained.

For the purpose of this warranty the word 'Maintenance' shall mean the following:

1. Safety Checks
2. Preventive Maintenance
3. Rectification of loss or damage or faults arising from normal operations as well as from ageing

**e. Co-Payment applicable to Digital Camera Insurance:**

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

This benefit is over and above the Base Sum Insured.

**Endorsement no.53 – ALL RISK CANCELLATION:**

**a. Coverage**

The policy will reimburse the Insured/Insured Person, the cost of ticket booked to travel by a Common Carrier for the Trip, up to the limit specified in the Policy Schedule/certificate and deductible as applicable, which are unrecoverable from any other sources, if Your Trip needs to be cancelled prior to commencement from Your place of residence or place of origin schedule from the departure date and time of the common carrier.



**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



**GROUP DOMESTIC TRAVEL INSURANCE**

**CHOTGDP23004V012223**

Policy Wordings

OR

If scheduled Common Carrier on which Insured was booked to travel is cancelled by the carrier authorities before one week of the scheduled date & Time of departure, and if the Insured has opted for refund of the ticket cost due to the time gap between alternate Common Carrier offered by the carrier Company and originally booked Common Carrier is of more than 2 hours, then We will pay difference in ticket cost booked by the Insured from other Carrier.

This benefit is over and above the Base Sum Insured.

**b. Special Condition applicable to All Risk Cancellation:**

- i. Our payment will be reduced by any sum for which the Common Carrier is liable to make payment
- ii. The city of destination on ticket booked from other carrier should be same as originally booked travel ticket which was cancelled.
- iii. Any claim paid to the Insured Person under optional covers- Trip Cancellation and/or Interruption or Travel Inconvenience or Loss of Deposit or cancellation (Hotel & Airline) (if opted) shall invalidate the claim payment under this benefit.

**c. Co-Payment applicable to All Risk Cancellation:**

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

**Endorsement No.54. AUTOMATIC EXTENSION FOR 7 DAYS:**

**a. Coverage:**

The policy shall extend automatically as upto 7 days from the date of expiry of the policy as mentioned in the Policy schedule, in the event of delay or cancellation of the departure of the Common Carrier in which the Insured Person was booked to return back home and which is beyond the control of the Insured Person and no alternative transportation was available to the Insured Person to return.

Subject otherwise to all the other terms, conditions, limitations and exceptions of the policy.

**ANNEXURE – I**

**CLAIM DOCUMENTATION APPLICABLE TO VARIOUS COVERS UNDER THE POLICY**

Claim documents to be submitted in addition to filled and signed claim form, KYC documents. However, depending upon the peculiarity of the case, the Company may seek for additional documents / information's, if necessary. Additionally, the original ticket / boarding pass indicating the date of travel must also be submitted with every claim, along with the completed Claim Form

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977

**GROUP DOMESTIC TRAVEL INSURANCE**

CHOTGDP23004V012223

## Policy Wordings

Covers	Claim Documents
Emergency Accidental Hospitalization	<ul style="list-style-type: none"> <li>• Medical reports and discharge summary issued by the hospital or prescriptions and medical records from the medical practitioner furnishing the name of the insured, period of treatment and details of treatment rendered i.e. line of treatment and final diagnosis.</li> <li>• Original hospital bills with proper description of services rendered and payment receipts towards expenses incurred</li> <li>• Attending Surgeon's/Medical Practitioner's Prescription advising hospitalization</li> <li>• Name, Address and Phone number of the local medical officer/family physician in India.</li> <li>• And any other document as may be appropriately applicable for the claims preferred under this section of the Policy</li> <li>• FIR/MLC copy</li> </ul>
OPD Emergency Medical Expenses	<ul style="list-style-type: none"> <li>• Prescription from the medical practitioner</li> <li>• Original bills with proper description of services rendered and payment receipts towards expenses incurred</li> </ul>
Personal Accident Covers	<p><b><u>Accidental Death</u></b></p> <ul style="list-style-type: none"> <li>• Police report in original if the accident shall have taken in the public place or premises</li> <li>• Death Certificate clearly stating the reason of death</li> <li>• Post Mortem Report (In case of death)</li> <li>• Detailed Sequence of events</li> <li>• Medical records giving the details of accident, nature of injury (in case of hospital visit)</li> <li>• Certificate of disability from civil surgeon in India or any other equivalent recognized doctor authorized by state government.</li> <li>• Medical report from the attending doctor</li> <li>• Valid ticket or certificate from the Common Carrier establishing the Insured Person's bonafide travel in the affected Common Carrier at the time of the Accident.</li> </ul> <p><b><u>Permanent and Partial Disablement:</u></b></p> <ul style="list-style-type: none"> <li>• Police report in original if the accident shall have taken in the public place or premises</li> <li>• Detailed Sequence of events</li> <li>• Medical records giving the details of accident, nature of injury (in case of hospital visit)</li> <li>• Certificate of disability from civil surgeon in India or any other equivalent recognized doctor authorized by state government.</li> <li>• Valid ticket or certificate from the Common Carrier establishing the Insured Person's bonafide travel in the affected Common Carrier at the time of the Accident.</li> </ul> <p>Depending upon the peculiarity of the case, additional documents/information's will be asked for</p>

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977

**GROUP DOMESTIC TRAVEL INSURANCE**

CHOTGDP23004V012223

## Policy Wordings

Covers	Claim Documents
Emergency Medical Expenses – Illness / Disease	<p>Medical reports and discharge summary issued by the hospital or prescriptions and medical records from the medical practitioner furnishing the name of the insured, period of treatment and details of treatment rendered i.e. line of treatment and final diagnosis.</p> <ul style="list-style-type: none"> <li>• Original hospital bills with proper description of services rendered and payment receipts towards expenses incurred</li> <li>• Attending Surgeon's/Medical Practitioner's Prescription advising hospitalization</li> <li>• Name, Address and Phone number of the local medical officer/family physician in India.</li> <li>• And any other document as may be appropriately applicable for the claims preferred under this section of the Policy</li> </ul>
Emergency Medical Evacuation & Repatriation of Mortal remains	<ul style="list-style-type: none"> <li>• Medical reports (Presenting complain, Diagnosis, Treatment given, Discharge condition etc.) and transportation details issued by the evacuation agency, prescriptions and medical report by the attending Medical Practitioner furnishing the name of the Insured Person and details of treatment rendered along with the statement confirming the necessity of evacuation;</li> <li>• Documentary proof for all expenses incurred towards the Medical Evacuation.</li> <li>• Copy of the death certificate,(Also providing details of the place, date, time, and the circumstances and cause of death; )</li> <li>• Copy of the postmortem certificate, if conducted;</li> <li>• Documentary proof for expenses incurred towards disposal of the mortal remains including the name of the airlines, burial details, expenses incurred, other incidental cost with bifurcation of expenses.</li> <li>• In case of transportation of the body of the deceased to the Place of Residence, the receipt for expenses incurred towards preparation and packing of the mortal remains of the deceased and also for the transportation of the mortal remains of the deceased.</li> <li>• Quotation or estimate of repatriation cost</li> <li>• Invoices (Itemized) and money receipts in original for the amount claimed.</li> </ul>
Dental Treatment Expenses	<ul style="list-style-type: none"> <li>• Dental Records (Presenting complain, diagnosis, treatment given) All the test and X-ray reports</li> <li>• Prescription from the doctor</li> <li>• Name, address, contact no, fax no, e-mail id of the Local Medical Officer (LMO)/ Dentist in India Invoices (itemized) and Money receipts in original for the amount claimed</li> </ul>
Compassionate Visit	<ul style="list-style-type: none"> <li>• Medical record of the patient. Discharge Summary, Presenting complain, diagnosis, treatment given, etc.) Certificate from the Treating Medical Officer mentioning the need for a companion (If no adult member from the family is available)</li> <li>• Money receipts in original for expenses incurred towards air tickets and stay of the insured/Immediate Family Member</li> </ul>
Hijack Distress Allowance (Airways)	<ul style="list-style-type: none"> <li>• Police report confirming the incident. It should contain the passport number of the insured and period of hijacking</li> <li>• Letter from the airline clearly stating period of hijack and media</li> <li>• Coverage details.(e.g. photograph, videos, newspaper cutting</li> </ul>
Child Escort	<ul style="list-style-type: none"> <li>• Original ticket(s) used for the travel by the Minor Child(ren) back to the home town</li> </ul>
Total Loss of checked in Baggage (Airways)	<ul style="list-style-type: none"> <li>• Air tickets along with boarding passes</li> <li>• Copy of baggage tag's</li> <li>• Property Irregularity Report issued by the Common Carrier mentioning the number of</li> </ul>

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977

**GROUP DOMESTIC TRAVEL INSURANCE**

CHOTGDP23004V012223

Policy Wordings

Covers	Claim Documents
	baggage's checked-in. <ul style="list-style-type: none"> <li>• Original Certificate from airline authorities stating that baggage has been lost along with compensation details</li> <li>• Adequate proof of ownership of items contained within checked-in baggage valued in excess of Rs.5000/- under Total loss of Checked-in Baggage</li> </ul>
Delay of Checked-in Baggage (Airways)	<ul style="list-style-type: none"> <li>• Air tickets and boarding pass</li> <li>• Property Irregularity Report issued by the Common Carrier.</li> <li>• Certificate from airline authorities clearly stating the date and time of delay and delivery of the baggage.</li> <li>• Original bills towards toiletries, medication and clothing during the delay period under Delay of Checked-in Baggage</li> <li>• Letter/communication clearly stating the compensation details offered by the Airlines/Third Party</li> </ul>
Trip Cancellation and/or Interruption	<ul style="list-style-type: none"> <li>• Proof of death or hospitalization of Insured Person or of spouse, parents &amp; children. (if applicable)</li> <li>• Medical reports and doctors statement if trip is cancelled or interrupted due to medical reasons. (if applicable)</li> <li>• Termination letter from the Company if trip is cancelled due to employments.(if applicable)</li> <li>• Letter from the airlines clearly mentioning the reason of cancellation and interruption of flight(if applicable)</li> <li>• Proof of material loss or damage to the property (e.g. police report, media coverage) (if applicable)</li> <li>• Copy of complete schedule itinerary for all the sectors</li> <li>• Copy of new itinerary in case trip got reschedule along with boarding passes or tickets as applicable</li> <li>• Copies of reimbursement statements issued by the common carrier, airport facility, car rental agency, travel agent, hotel/ motel or other similar establishment or any other insurance Company providing reimbursement to you for the loss</li> <li>• All original bills and receipts for expenses which got forfeited, non-refundable in nature. All original bills and receipts for additional reasonable and necessary transportation expenses and accommodation charges due to interruption of schedule flight</li> </ul>
Missed Connection (Airways)	<ul style="list-style-type: none"> <li>• Copy of complete schedule itinerary for all the sectors</li> <li>• Copy of new itinerary in case trip got reschedule along with boarding passes</li> <li>• Copies of reimbursement statements issued by an airline carrier, airport facility, car rental agency, travel agent, hotel/ motel or other similar establishment or any other insurance Company providing reimbursement to you for the loss</li> <li>• All original bills and receipts for expenses which got forfeited, nonrefundable in nature.</li> <li>• All original bills and receipts for additional reasonable and necessary transportation expenses and accommodation charges due to interruption of schedule flight.</li> </ul>
Trip Delay (Airways)	<ul style="list-style-type: none"> <li>• Original bills and receipts towards reasonable additional expenses during the delay i.e. meals and lodging</li> <li>• Letter from the airline clearly stating the period of delay</li> </ul>

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977

**GROUP DOMESTIC TRAVEL INSURANCE**

CHOTGDP23004V012223

## Policy Wordings

Covers	Claim Documents
	<ul style="list-style-type: none"> <li>• Copy of boarding pass for the schedule trip and actual trip</li> <li>• Covering Letter with sequence of events</li> </ul>
Emergency accommodation due to Trip Delay (Airways)	<ul style="list-style-type: none"> <li>• Letter in original mentioning the reason with refund details (If any ) from the hotel or concern authority where you were originally supposed to stay but could not stay • Booking confirmation</li> <li>• Money receipt in original for the expenses made towards the extra cost of travel and accommodation</li> </ul>
Flight Delay	<ul style="list-style-type: none"> <li>• All original bills and receipts for additional reasonable and necessary transportation expenses</li> <li>• Copies of reimbursement statements issued by an airline carrier, airport facility, car rental agency, travel agent or other similar establishment or any other insurance Company providing reimbursement to you for the loss</li> </ul>
Over Booked-Common Carrier (Airways)	<ul style="list-style-type: none"> <li>• Copies of boarding pass, ticket, and baggage tags.</li> <li>• Original letter from the concerned Airline confirming the overbooked flight &amp; when the next alternative transportation is available with refund or compensation amount if any.</li> <li>• Money receipt in original for the expenses made towards reasonable additional cost incurred for staying in a similar hotel or purchasing a new ticket</li> <li>• Original Air ticket/itinerary, where you were originally supposed to travel</li> </ul>
Bounced Hotel booking	<ul style="list-style-type: none"> <li>• All original bills and receipts for additional reasonable and necessary transportation expenses and accommodation charges</li> <li>• In case of superior class of accommodation, proof that the alternate accommodation on the cost of pre-booked hotel is not available in the form of a certificate issued by the Alternate Accommodation Service Provider</li> </ul>
Travel Inconvenience	<ul style="list-style-type: none"> <li>• Proof of death or hospitalization of Insured Person or of Immediate Family Member (if applicable)</li> <li>• Medical reports and doctors statement if trip is cancelled or interrupted due to medical reasons. (if applicable)</li> <li>• Termination letter from the Company if trip is cancelled due to employments.(if applicable)</li> <li>• Proof of material loss or damage to the property (e.g. police report, media coverage) (if applicable)</li> <li>• Reason for refusal or delay of Visa from the concerned authority</li> <li>• Copies of reimbursement statements issued by the common carrier, airport facility, car rental agency, travel agent, hotel/ motel or other similar establishment or any other insurance Company providing reimbursement to you for the loss</li> <li>• Newspaper cutting/Media report - Depending upon the peculiarity of the case</li> <li>• Police report (wherever applicable)</li> <li>• All original bills and receipts for expenses which got forfeited, non-refundable in nature.</li> </ul>
Travel Service Supplier Insolvency	<ul style="list-style-type: none"> <li>• Copy of complete schedule itinerary</li> <li>• Copy of new itinerary in case trip got reschedule along with boarding passes /tickets as applicable</li> <li>• Copies of reimbursement statements issued by the common carrier carrier, airport facility, car rental agency, travel agent, hotel/ motel or other similar establishment or any</li> </ul>

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977

**GROUP DOMESTIC TRAVEL INSURANCE**

CHOTGDP23004V012223

## Policy Wordings

Covers	Claim Documents
	other insurance Company providing reimbursement to you for the loss <ul style="list-style-type: none"> <li>• All original bills and receipts for expenses which got forfeited, non-refundable in nature.</li> <li>• All original bills and receipts for additional reasonable and necessary transportation expenses and accommodation charges</li> </ul>
Car Rental Excess Insurance	<ul style="list-style-type: none"> <li>• Car rental agreement.</li> <li>• Copy of Police Report</li> <li>• Copy of the car rental company's accident damage report which shows the detail of each of the costs incurred, Photo evidence of the damage, itemized repair invoices/ receipts / other documents confirming the breakup of the amount Insured have paid in respect of accidental damage or loss for which the car rental company holds you responsible</li> <li>• Original Payment Receipt from Car Rental Company for the excess settled towards the claim</li> <li>• Copy of your credit card statement or payment instrument showing payment of the damages claimed, copy of the driving license of the Insured driver</li> </ul>
Personal Liability	<ul style="list-style-type: none"> <li>• FIR/Police Report</li> <li>• Sequence of the events leading to Personal Liability</li> <li>• Witness Statement</li> <li>• Copy of policy report (in case of legal case)</li> <li>• Copy of the court award- Notice from the Third party claiming the amount</li> </ul>
Legal expenses	<ul style="list-style-type: none"> <li>• Medical report from the attending doctor abroad.</li> <li>• Death Certificate (For Death Case)</li> <li>• Post Mortem Report (For Death Case)</li> <li>• Copy of FIR / Police Report</li> <li>• Sequence of events</li> <li>• Certificate of disability from civil surgeon or any other equivalent recognized doctor authorized by state government.</li> <li>• Original invoices and receipts of legal expenses</li> </ul>
Home Burglary Insurance (Contents)	<ul style="list-style-type: none"> <li>• Copy of first information report/policy report.</li> <li>• Copy of final investigator report/non-detectable certificate issued by the police authorities/magisterial order.</li> <li>• Original receipts for all items claimed. If not available, provide description of items and the date, place and price of purchase</li> <li>• Panchnama</li> <li>• Letter of undertaking/subrogation form obtained from the insured.</li> </ul>
Chola Ms Bharat Griha Raksha Policy	<ul style="list-style-type: none"> <li>• Fire Department report/Police report.</li> <li>• Original receipts for all items claimed. If not available, provide description of items and the date, place and price of purchase</li> <li>• Panchnama</li> <li>• Newspaper cutting/Media report - Depending upon the peculiarity of the case, additional documents/information's will be asked for</li> </ul>

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977

**GROUP DOMESTIC TRAVEL INSURANCE**

CHOTGDP23004V012223

## Policy Wordings

Covers	Claim Documents
Financial Emergency Assistance	FIR/Police report lodged at the place of loss within 24 hours. <ul style="list-style-type: none"> <li>• Details of items robbed -Details of funds (Cash, credit/debit cards, travelers cheque available) available with you</li> <li>• Sequence of events</li> <li>• Please confirm if you are staying alone or with any friends, family, relatives.</li> <li>• Details of travel history for past 5 years</li> <li>• Details of travel insurance taken in past 3 years prior to this policy</li> </ul>
Pet Care	<ul style="list-style-type: none"> <li>• Medical Record</li> <li>• Prescription from the Veterinary Doctor</li> <li>• Invoices (itemized) and Money receipts in original for the amount claimed</li> <li>• A confirmation letter from the person, who was taking care of your pet during your trip abroad</li> </ul>
Sports Equipment cover	<ul style="list-style-type: none"> <li>• Copy of Hire Agreement in case of hired sports equipment or original proof of ownership</li> <li>• Receipts for items lost, stolen or damaged</li> </ul>
Adventure Sports	<ul style="list-style-type: none"> <li>• Operator's license</li> <li>• Copy of Police report</li> </ul>
Cruise cover	<ul style="list-style-type: none"> <li>• Booking confirmation</li> <li>• Written proof from the public transport on the Accident, Breakdown of the Common Carrier</li> <li>• Money receipt in original for the expenses made towards the extra cost of travel and accommodation</li> <li>• Medical Report on the illness or accidental injury suffered by the insured from the Medical Officer of the ship (if applicable)</li> <li>• All original bills and receipts for expenses which got forfeited, non-refundable in nature.</li> </ul>
Debit / Credit Card - Fraud	<ul style="list-style-type: none"> <li>• Copy of first information report/policy report.</li> <li>• Bank Statement on the transactions made without Insured authorizing the same.</li> </ul>
Loss of Gadgets	<ul style="list-style-type: none"> <li>• Copy of first information report/policy report.</li> <li>• Original invoice/receipt evidencing the proof of purchase</li> <li>• Ownership of the lost gadget, or document evidencing the authorized custody of the same, if such gadget is provided by his/her employer/business organization</li> </ul>
Alternate Employee/Substitute Employee Expense	<ul style="list-style-type: none"> <li>• Medical records</li> <li>• Medical certificate from the attending physician establishing illness/accident</li> <li>• Original tickets and boarding pass of the substitute employee</li> <li>• Proof towards obtaining a new ticket for alternative employee</li> </ul>
Loss of Deposit or Cancellation (Hotel & Airline)	<ul style="list-style-type: none"> <li>• Copies of boarding pass, ticket, and baggage tags.</li> <li>• Original letter from the concern authority mentioning the amount paid to them or contracted to be paid due to the booking. Also confirming the cancellation and refund details If any</li> <li>• Original tickets/itinerary, where you were originally supposed to travel</li> <li>• Medical record (If the cancellation was due to any medical reason)</li> <li>• Money receipt in advance for the amount paid or contracted to be paid due to the booking.</li> </ul>
Travel Loan Secure	<ul style="list-style-type: none"> <li>• Documents as per Personal Accident Section</li> <li>• Loan Statement from the Bank with the Outstanding Principal Loan Amount details</li> </ul>



**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977

**GROUP DOMESTIC TRAVEL INSURANCE**

CHOTGDP23004V012223

Policy Wordings

Covers	Claim Documents
Mobility Aids Allowance	<ul style="list-style-type: none"> <li>• Dr. Prescription and Original Payment receipts for purchase of Mobility Aids</li> </ul>
Travel with Pet cover	<ul style="list-style-type: none"> <li>• Medical Records</li> <li>• Prescription from the Veterinary Doctor</li> <li>• Invoices (itemized) and Money receipts in original for the amount claimed</li> <li>• A confirmation letter from the pet boarding house, who was taking care of your pet during your hospitalisation</li> </ul>
Missed Departure	<ul style="list-style-type: none"> <li>• Written proof from the public transport on the Accident, Breakdown or the Travel event or delayed arrival of the inward flight</li> </ul>
Flight Diversion & Cancellation	<ul style="list-style-type: none"> <li>• Letter from the airline clearly stating the period of delay/Cancellation</li> <li>• Covering Letter with sequence of events</li> <li>• Original Air ticket/itinerary, where you were originally supposed to travel</li> </ul>
Baggage Delay in Common carrier	<ul style="list-style-type: none"> <li>• Property Irregularity Report issued by the Common Carrier.</li> <li>• Certificate from the Common Carrier clearly stating the date and time of delay and delivery of the baggage.</li> </ul>
Baggage Loss in Common carrier	<ul style="list-style-type: none"> <li>• Copy of baggage tag's</li> <li>• Property Irregularity Report issued by the Common Carrier mentioning the number of baggage's checked-in.</li> <li>• FIR/Policy complaint on loss of baggage • Original Certificate from the Common Carrier stating that baggage has been lost along with compensation details</li> <li>• Adequate proof of ownership of items contained within checked-in baggage.</li> </ul>
Emergency accommodation due to Trip Delay	<ul style="list-style-type: none"> <li>• Authentication letter from the Common Carrier on the Inclement weather</li> <li>• News Paper cutting or media coverage available in the public domain on the occurrence of the Insured Contingency details.</li> </ul>
Loss of baggage and Personal Belongings	<ul style="list-style-type: none"> <li>• Copy of Police Report</li> <li>• Original Payment receipts for the expenses incurred to replace the lost baggage and its contents</li> </ul>
Key Replacement	<ul style="list-style-type: none"> <li>• Copy of Police Report</li> <li>• Receipts for replacing locks and/or keys</li> <li>• Cost of Labor</li> <li>• Copy of Rental car Agreement (if applicable)</li> </ul>
Loss of Documents	<ul style="list-style-type: none"> <li>• Copy of Police Report</li> <li>• Copy of application made to the respective Government Authority for duplicate or for remaking the same</li> </ul>
Change Fee Coverage (Airways)	<ul style="list-style-type: none"> <li>• Proof of death or hospitalization of Insured Person or of Immediate Family Member (if applicable)</li> <li>• Medical reports and doctors statement if trip is cancelled or interrupted due to medical reasons. (if applicable)</li> <li>• Termination letter from the Company if trip is cancelled due to employments.(if applicable)</li> <li>• Proof of material loss or damage to the property (e.g. police report, media coverage) (if applicable)</li> </ul>

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977

**GROUP DOMESTIC TRAVEL INSURANCE**

CHOTGDP23004V012223

## Policy Wordings

Covers	Claim Documents
	<ul style="list-style-type: none"> <li>Reason for refusal or delay of Visa from the concerned authority</li> <li>Newspaper cutting/Media report - Depending upon the peculiarity of the case</li> <li>Police report (wherever applicable)</li> <li>Tickets originally booked and rescheduled</li> </ul>
Cyber Security	<ul style="list-style-type: none"> <li>Police Report</li> <li>Documentary proof evidencing the fraud committed</li> </ul>
Hotel Cancellation	<ul style="list-style-type: none"> <li>Written statement from the Accommodation provider with reasons for denying the confirmed booking of the Insured</li> </ul>
Identity Theft	<ul style="list-style-type: none"> <li>Police Report</li> <li>Provide proof that it was necessary to take time away from the Insured's work if a claim is made under lost wages. The Company will ask the Insured to submit proof from the Insured's employer that the Insured took unpaid days off, and Insured must have this information notarized;</li> <li>Submit copies of any demands, notices, summonses, complaints, or legal papers received in connection with a covered loss;</li> <li>Authorisation for us to obtain records and other information such as credit reports (if applicable) within 3 days of making the claim</li> </ul>
Carrier Cancellation	<ul style="list-style-type: none"> <li>Copy of complete schedule itinerary for all the sectors</li> <li>Copies of reimbursement statements issued by the common, airport facility, car rental agency, travel agent, hotel/ motel or other similar establishment or any other insurance Company providing reimbursement to you for the loss</li> <li>All original bills and receipts for expenses which got forfeited, non-refundable in nature.</li> <li>Written proof from the Common Carrier of the cancellation of the journey</li> </ul>
Digital Camera Insurance	<ul style="list-style-type: none"> <li>Proof of Ownership</li> <li>Bills and documents for the repairs or replacements made, as applicable</li> </ul>
All Risk Cancellation	<ul style="list-style-type: none"> <li>Copy of complete schedule itinerary for all the sectors</li> <li>Copies of reimbursement statements issued by the common carrier, airport facility, car rental agency, travel agent, hotel/ motel or other similar establishment or any other insurance Company providing reimbursement to you for the loss</li> <li>All original bills and receipts for expenses which got forfeited, non-refundable in nature.</li> </ul>

**Annexure-2** (attached to and forming part of policy wordings)**LIST OF EXCLUDED EXPENSES IN HOSPITALIZATION:**

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

LIST I – NON MEDICAL EXPENSES EXCLUDED UNDER THE POLICY	
Sl. No.	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS / BRACES
5	BUDS
6	COLD PACK / HOT PACK

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977

**GROUP DOMESTIC TRAVEL INSURANCE**

CHOTGDP23004V012223

## Policy Wordings

7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICES CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	TELEVISION CHARGES
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG/SHORT/HINGED)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977

**GROUP DOMESTIC TRAVEL INSURANCE**

CHOTGDP23004V012223

Policy Wordings

51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES – SPECIAL NURSING CHARGES
53	SUGAR FREE TABLETS
54	CREAMS POWDER LOTIONS (TOILETRIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED (DELIVERYKIT, ORTHOKIT, RECOVERY KIT, ETC)
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY
<b>LIST 11 – ITEMS THAT ARE TO BE SUBSUMED INTO ROOM CHARGES</b>	
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAUODE-COLOGNE/ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977

**GROUP DOMESTIC TRAVEL INSURANCE**

CHOTGDP23004V012223

Policy Wordings

25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSE
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES
<b>LIST III – ITEM THAT ARE TO BE SUBSUMED INTO PROCEDURE CHARGES</b>	
1	HAIR REMOVAL CREAM
2	DISPOSABLE RAZORS CHARGES (FOR SITE PREPARATIONS)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD, CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL, SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE
<b>LIST IV – ITEMS THAT ARE TO BE SUBSUMED INTO COSTS OF TREATMENT</b>	
1	ADMISSION / REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION / DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP / CAPD EQUIPMENTS

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977

**GROUP DOMESTIC TRAVEL INSURANCE**

CHOTGDP23004V012223

Policy Wordings

7	INFUSION PUMP – COST
8	HYDROGEN PEROXIDE\SPIRIT\DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES – DIETICIAN CHARGES – DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION/STERILLIUM
17	GLUCOMETER & STRIPS
18	URINE BAG

**This is for IRDAI Information Only**

Some of the contents shown in policy wordings might be applicable for certain Sections and not generic, e.g. some contents are useful for "Trip Delay" cover only. The Company intends to use the contents dynamically based on the coverage offered to the Policyholder/Insured; e.g. If the Insured Person doesn't opt for "Trip Delay", then wording, terms and conditions related to this Specific Section will not be shown on the Policy Wordings. Similarly, general exclusions or general conditions which might not be applicable for Sections chosen by Policyholder/Insured will not be shown. Idea of doing this is to make policy wording more apt and concise to customer need and provide relevant information to customer.