

Policy Wordings

ICICI Lombard Travel Assure - Group Overseas Travel Insurance

Preamble & Operative Clause

This Policy is a contract of insurance between the Policyholder and the Company which is subject to (a) the terms, conditions and exclusions of this Policy and (b) the receipt of premium against each Benefit of the applicable in full and (c) the Schedule of Benefits and (d) Disclosure to Information Norm

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/ Policy 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:

1. **“Accident”** means sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **“Air Travel”** means travel by an airline/aircraft for the purpose of flying therein as a Fare paying passenger.
3. **“Any one Illness”** means continuous period of illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.
4. **“Adventure Sports”** means and includes skydiving/parachuting, parasailing, hang gliding, paragliding, ballooning, bungee jumping, scuba diving, mountain or rock climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, 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, and any sporting activity based on bodily contact or which is hazardous or potentially dangerous.
5. **“Aggregate Limit”** means the Company’s maximum, total and cumulative liability under the Benefit or the set of Benefits as specified in the Policy Schedule or Policy Certificate in respect of all claims by or on behalf of all Insured Persons under the Policy Certificate. If at any time the total value of unpaid claims, if paid, would result in this Aggregate Limit being exceeded, the pay outs under the individual Benefits attributable to those outstanding claims shall be reduced pro rata as necessary to ensure that this Aggregate Limit is not exceeded.
6. **“Ambulance”** means a vehicle equipped for paramedical treatment and emergency air or surface transportation of a person requiring medical attention, provided by licensed/authorized medical service providers.
7. **“Appliances”** shall mean and include electrical, mechanical and electronic appliances such as refrigerator, television, DVD player, videocassette recorder/player, washing machine, microwave oven, music system, personal computer, laptops and air-conditioner contained or fixed in the Insured Person’s home for domestic use.

8. **“Burglary”** means theft involving entry into or exit from the Insured Person’s usual place of residence 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.
9. **“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.
10. **“Catastrophe”** means an unexpected natural or man-made event, such as an earthquake, tsunami, flood, civil unrest, mass bandh or riot which causes widespread loss, damage, or disruption in travel schedules.
11. **“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.
12. **“City of Origin”** means any city in India/ Country of Origin from which the Trip commences, and which is specified in the Policy Certificate.
13. **“Common Carrier”** means any commercial public airline, railway, motor transport, or water borne vessel (including ocean going and/or coastal vessels and/or vessels engaged for official or personal purposes), operating under license issued by the appropriate authority for transportation of passengers and/or cargo.
14. **“Company / Insurer”** means ICICI Lombard General Insurance Company Limited.
15. **“Condition Precedent”** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
16. **“Congenital Anomaly”** means a condition which is present since birth, and which is abnormal with reference to form, structure or position.
 - a. **“Internal Congenital Anomaly”** refers to the Congenital anomaly which is not in the visible and accessible parts of the body.
 - b. **“External Congenital Anomaly”** refers to the Congenital anomaly which is in the visible and accessible parts of the body.
17. **“Contents”** mean and include Appliances, furniture, fixture, fittings, linen, clothing, kitchen items, cutlery /crocery contained in the Insured Person’s home belonging to the Insured Person or to any Immediate Family Members permanently residing with the Insured Person including items for which the Insured Person is responsible, and used for domestic use. However, Contents does not include any deeds, bonds, bills of exchange, promissory notes,

cheques, traveller's cheques, and securities for money, documents of any kind, cash and currency notes.

18. **“Contribution”** is essentially the right of an insurer to call upon other insurers liable to the same insured to share the cost of an indemnity claim on a ratable proportion of Sum Insured. This clause shall not apply to any Benefit offered on fixed benefit basis.
19. **“Co-Payment”** means a cost sharing requirement that the policy holder/insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the Sum Insured.
20. **“Corporate”** means any organization, firm, society or body corporate on whose name the policy is issued.
21. **“Cruise”** means a Trip involving a sea voyage of at least 1 hours of total duration, where transportation and accommodation is primarily on an ocean going Common Carrier.
22. **“Day care centre”** means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under –
 - i. has qualified nursing staff under its employment;
 - ii. has qualified medical practitioner/s in charge;
 - iii. has fully equipped operation theatre of its own where surgical procedures are carried out;
 - iv. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
23. **“Day care treatment”** means medical treatment, and/or surgical procedure which is:
 - i. undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
 - ii. which would have otherwise required hospitalization of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.
24. **“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 upto the specified limits mentioned.
25. **“Defence Costs”** are reasonable costs necessarily incurred in defending the Insured Person against any civil proceeding initiated against him/her, during the Trip Duration.
26. **“Dependent Child”** means a child of the Insured Person whether natural or legally adopted, who is (i) less than age 30 years as of the commencement of the Trip, and (ii) does not have his/her independent source of income and is financially dependent on the Insured Person.
27. **“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.

28. **“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.
29. **“Emergency Assistance Service Provider”** means or any organization or institution appointed by the Company, for providing services to the Insured Person for an Insured Event covered.
30. **“Emergency Care”** means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the Insured Person’s health.
31. **“Emergency Hospitalization”** means admission of the Insured Person in a Hospital as an in-patient for a minimum period of 24 consecutive hours for an Illness contracted or Injury sustained by an Insured Person in an Accident, which occurs suddenly and unexpectedly, and requires immediate medical care to prevent death or serious long term impairment of the Insured Person’s health, as prescribed by a Medical Practitioner.
32. **“Family”** means the Insured Person, his/her lawful spouse and maximum of any two (2) dependent children .
33. **“Felonious Assault”** means an act of violence against the Insured Person or a Travelling Companion requiring medical treatment.
34. **“Financial Emergency”** means a situation wherein the Insured Person loses all or a substantial amount of his/her travel funds due to theft, robbery, mugging or dacoity, which has detrimental effects on his/her travel plans.
35. **“Foreign Enemy”** means any group of individuals, entity or country, who intend to cause Injury, or commission an act dangerous to human life or property in the location where the Insured Person is travelling to, by the use of hostile force or violence.
36. **“Grace Period”** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.
37. **“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.
38. **“Hospital”**.means any institution established for the treatment of patients which is under constant medical management, has adequate diagnostic and therapeutic facilities, keeps constant medical records, is recognized as a hospital in the country in which it is situated, and which is appropriately licensed, wherever required to be so, to operate

as a hospital in that country.

39. **“Hospitalization”** means admission in a Hospital for a minimum period of 24 In-patient Care consecutive hours except for day-care procedures/ treatments.
40. **“Illness”** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
- a. **Acute condition** - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery.
 - b. **Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
 - i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
 - ii. it needs ongoing or long-term control or relief of symptoms
 - iii. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 - iv. it continues indefinitely
 - v. it recurs or is likely to recur
41. **“Immediate Family Member”** means any member of the Insured person’s immediate family i.e. the insured person’s spouse, child or parent or sibling.
42. **“Inclement Weather”** means any severe catastrophic weather conditions which delay the scheduled arrival or departure of a Common Carrier but not including normal, seasonal/climatic weather changes.
43. **“Injury”** means accidental physical bodily harm excluding illness or disease, solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner
44. **“Inpatient Treatment”** shall mean any **Emergency** care treatment rendered to the Insured at a Hospital in connection with any Injury or Illness resulting in Hospitalization.
45. **“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.
46. **“Insured Person”** means the person named in the Policy Certificate, who is an employee or member of the Policyholder and is covered under this Policy upon appropriate premium being paid to the Company.
47. **“Intended Destination(s)”** means area(s) which appear on the scheduled travel itinerary of the Insured Person for stay during the Trip, is/are specified in his/her main travel booking.

48. **“Intensive care unit”** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary another wards
49. **“ICU Charges”** ICU (Intensive Care Unit) charges means the amount charged by a hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.
50. **“Life Threatening Condition”** means a medical condition suffered by the Insured Person 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) including ectopic pregnancy.
 - 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.
51. **“Loss”** means loss or damage.
52. **“Mandays”** A Man day is a 24 hours period starting from midnight for an individual whilst travelling abroad
53. **“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
54. **“Medical Advice”** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription
55. **Medical Advisor”** are Medical Practitioners appointed by “Emergency Assistance Service provider”
56. **“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.

57. **“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.
58. **“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:
- is required for the medical management of the Illness or Injury suffered by the Insured Person;
 - must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - must have been prescribed by a Medical Practitioner;
 - must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
59. **“Money”** means cash, bank drafts, current coins, bank and currency notes, treasury notes, cheques, traveller’s cheques, postal orders and current postage stamps not forming part of a collection.
60. **“Multi Trip”** means two or more Trips to Intended Destinations outside India/ Country of Origin during the Period of Insurance.
61. **“Multi Trip Cover”** means a cover under which the Insured Person can undertake one or more Trips during the Period of Insurance but not exceeding the maximum number of travel days specified in the Policy Certificate.
62. **“Non-Network Provider”** means any hospital, day care centre or other provider that is not part of the network.
63. **“Notification of Claim”** means the process of intimating a claim to the insurer or Emergency Assistance Service Provider through any of the recognized modes of communication.
64. **“Outpatient Treatment”** means the one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.
65. **“Period of Insurance”** means.
- In respect of a Single Trip cover, the Period of Insurance is the period from the Coverage Commencement Date/time period specified in the Policy Certificate, to the coverage expiry date/time period specified in the Policy Certificate or end of the actual Trip Duration, whichever is earlier. A Single Trip cover shall not exceed consecutive days/time specified in policy certificate, including departure from and return to the Insured Person’s place of residence,.

- b. In respect of a Single Trip cover where the Policy Certificate is issued prior to the Trip for the purpose of obtaining Visa, the Period of Insurance is the period from the Coverage Commencement Date specified in the Policy Certificate or a later date on which the Insured Person's Trip actually commences, till the coverage expiry date specified in the Policy Certificate or end of the actual Trip Duration, whichever is earlier, but not exceeding consecutive days, as specified in the Certificate of Insurance, including departure from and return to the Insured Person's place of residence.
- c. "Period of Insurance" in respect of multi trip policy, this means the period from the commencement of insurance cover to the end of actual trip duration or full utilization of the maximum number of travel days per trip as mentioned in the Policy Schedule/Certificate or expiry of the Policy or cancellation of the insurance, whichever is earlier
- d. "Period of Insurance" in case of student means a period within the policy period which commences when the insured person crosses the international border of the country of residence to leave that country on a common carrier(except for a student of Indian origin who is already studying abroad with similar insurance coverage for whom period of insurance will commence from policy start date) and expires automatically on the earliest of:
- Policy period end date
 - The date on which the insured person's educational course is discontinued or is completed by the insured
 - Special Condition: If the insured person returns to his country of residence, for a temporary period not exceeding 60 days, then the scope of cover under this policy during insured stay in the country of residence shall be restricted as defined in the benefit under home country cover.
66. **"Physician"** means a Medical Practitioner legally qualified to practice in medicine or Surgery and duly licensed in his/her respective jurisdiction and is not a member of the insured person's family.
67. **"Permanent Partial Disability"** means a bodily injury caused by accidental, external, violent and visible means, which as a direct consequence thereof, disables any part of the limbs or organs of the body of the Insured Person and which falls into one of the categories listed in the Table of Benefits
68. **"Permanent Total Disability"**: means a bodily injury caused by accidental, external, violent and visible means, which as a direct consequence thereof totally disables and prevents the Insured Person from attending to any business or occupation of any and every kind or if he/she has no business or occupation, from attending to his/her usual and normal duties that last for a continuous period of twelve calendar months from the date of the accident, with no hopes of improvement at the end of that period
69. **"Policy"** means the Schedule, the Policy documents and any endorsements attaching to or forming part hereof either on the commencement date or during the Policy Period.
70. **"Policy Certificate"** means the certificate issued to the Insured Person evidencing the Insured Person's cover under the Policy.
71. **"Policy Period"** means the period between the Commencement Date and the Expiry Date of the Policy as specified in the Policy Schedule/ PolicyCertificate.
72. **"Policyholder"** means and includes an individual, organization, firm, society or body corporate whose name the policy is issued.
73. **"Port"** means a scheduled point of departure or arrival of a Common Carrier in which an Insured Person is booked to

travel.

74. **“Pre-existing Condition”** means any condition, ailment or injury or related condition(s) for which the Insured Person had signs or symptoms, and/or was diagnosed, and/or received medical advice/treatment within 48 months prior to the Coverage Commencement Date.
75. **“Professional Sportsperson”** means those sports persons who are in to full time sports and maintain their livelihood through earnings derived from their involvement in sports.
76. **“Reasonable Additional Expenses”** means any expenses for meals, temporary accommodation, emergency communication and purchases of toiletries, medication and clothing necessarily incurred by the Insured Person and not provided by the Common Carrier, or any other individual/entity, free of charge.
77. **“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.
78. **“Renewal”** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.
79. **“Room Rent”** means the amount charged by a hospital for the occupancy of a bed on per day (24 HRS) basis and shall include associated medical expenses.
80. **“Schengen Countries”** are a group of countries that includes Austria, Belgium, Czech Republic , Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland. The list of these countries is subject to update from time to time as and when necessitated by the relevant authorities.
81. **“Semi-Professional sportsperson”** shall mean those sports persons who participate in sports and get remuneration for participating, but whose primary source of income is not from sports.
82. **“Single Trip Cover”** means a cover under which the Insured Person can undertake only one Trip during the Period of Insurance.
83. **“Strike”** means stoppage of work announced, organized and sanctioned by a labour union, inclusive of work slowdowns, lockouts and sickouts, which interferes with the normal departure and arrival of a Common Carrier.
84. **“Sub-limit”** means a cost sharing requirement under a policy in which an insurer would not be liable to pay any amount in excess of the pre-defined limit. As specified in the Certificate of Insurance a sublimit can also be interpreted in time – hours/days

85. **“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.
86. **“Sum Insured”** means the amount specified in the Policy Certificate against a Benefit or set of Benefits, which represents the Company’s maximum, total and cumulative liability for any and all claims made in respect of the Insured Person during the Period of Insurance, under that Benefit/set of Benefits. Sum Insured can be a lump sum benefit payment upon occurrence of an insured event or indemnity payment basis expenditure of the Insured Person for coverage as specified in the Policy Wording upon occurrence of the insured event
87. **“Surgery”** or **“Surgical Procedure”** means manual and / or operative procedure(s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.
88. **“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
89. **“Travel Agent”** means the Travel Agent, tour operator or other entity from which the Insured / Insured Person purchases the insurance Policy or travel arrangements, and includes all officers, employees and affiliates of the Travel Agent, tour operator or other entity.
90. **“Theft”** means an act of illegally, permanently and directly or indirectly depriving the Insured Person of his or her personal belongings or any property by violent or forceful means.
91. **“Travelling Companion”** means an individual or individuals travelling with the Insured Person, provided that the Insured Person and such individual(s) are travelling to the same Intended Destination and on the same date and such individual(s) is/are also insured with the Company. 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 Immediate Family Members of the Insured Person.
92. **“Trip”** means a journey originating from the residence of the Insured Person to out of the Republic of India/Country/City of Origin and back to the Republic of India/Country/City of Origin of the Insured Person, the details of which are specified in the Policy certificate/Schedule.
93. **Unattended”** A Vehicle, premises or personal belongings that are unattended if there is no one able to observe or to prevent interference with it
94. **“Unproven/Experimental treatment”** means the treatment including drug experimental therapy which is not based on established medical practice in India or in the country where such treatment is undertaken
95. **“Valuables”** mean and include photographic, audio, video, computer and any other electronic and electrical equipment, cellular phones, data, business goods, telecommunications and electrical equipment, motor vehicles,

documents and any accessories, sculptures, manuscripts, rare books, plan, medals, moulds, designs, telescopes, binoculars, antiques, watches, jewellery, furs and articles made of precious stones and metals.

2. Benefits under the Policy:

The Policy Certificate will specify Benefits that are in force for the Insured Person during the Period of Insurance. Claims made under any applicable Benefit 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 Benefit, any applicable sub-limits and/or Deductibles..

Section : Total Loss of Checked-in Baggage

Coverage

In the event of total and complete loss of Checked-in Baggage whilst on a Trip and whilst it is in the custody of the Common Carrier, the Company shall reimburse the Insured Person for the Market Value of such Checked-in Baggage upto the limit of Sum Insured or sub limit specified against this Benefit in the Policy Certificate.

For the purpose of this Benefit, "Market Value" refers to the amount required to purchase new items of the same kind and quality as those contained in the Checked-in Baggage, in relation to which a claim is under this benefit, less applicable depreciation @25% per annum from the date of purchase, calculated as at the time of loss. Maximum depreciation applicable under this benefit shall not exceed 60% in any event.

The cover is applicable only at the Intended Destinations, and is limited to the period commencing from the time the Checked-in Baggage is entrusted to the Common Carrier and return of the Insured Person back to the City of Origin, or any other Port in India/ Country of Origin along with all halts and via destinations included in the travel booking.

This Benefit shall be payable subject to the following:

1. In the event of such a total and complete loss of Checked-in Baggage whilst in the custody of the Common Carrier, a Property Irregularity Report (PIR) must be obtained from the Common Carrier immediately upon discovery of the loss which must be submitted along with the claim.
2. A Deductible of an amount specified in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.
3. Our maximum liability under this Benefit in respect of any one 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 maximum liability is upto 100% of the applicable Sum Insured.
4. The Company has been provided with all the documents, reports and other details from the Common Carrier confirming the loss of Checked-in Baggage in its custody.
5. If the Company makes any payment under this benefit, it is agreed that any recovery from any Common Carrier by the Insured Person, under the terms of the Convention for the Unification of Certain Rules Relating to International

Carriage by Air, 1929 (“Warsaw Convention”) shall become the property of the Company.

6. Any partial loss of the items contained within the Checked-in Baggage, not amounting to a total and complete loss of such Checked-in Baggage, shall not be payable.
7. In the event of simultaneous claims under this Benefit as well as under Delay of Checked-in Baggage, the higher of the claims shall be payable by the Company in respect of the same item(s) of Checked-in Baggage during any one Period Of Insurance.

Specific Exclusions:

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 or indirectly for, caused by, arising from or in any way attributable to any of the following:

- 1 Valuables, Money, any kind of securities and tickets/passes or any other item not declared and/or agreed by the Company.
- 2 Loss of any Checked-in Baggage unless a Property Irregularity Report or other report usually issued by the Common Carrier 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 Losses arising from any delay, detention, confiscation by the customs officials or other public authorities.
- 5 Any Checked-in Baggage loss while the Insured Person is in India/ Country of Origin.
- 6 Any exclusion mentioned in the “General Exclusions” Section of this Policy

This cover is also available as a fixed benefit option upto the sum insured clearly specified in the policy certificate or under the special conditions of the policy certificate & subject to admissible claim as per the policy conditions applicable to this section including specific exclusion and to any other condition applicable to this policy. In respect to process claims documents specified under Documentation section is necessary to evaluate the claim. All terms & conditions applicable to this cover remains same as mentioned in coverage, specific exclusion, General exclusion applicable to this section

Section : Delay of Checked-in Baggage

Coverage

The Company shall pay or reimburse to the Insured/ Insured Person for costs of necessary emergency purchases of toiletries, medication and clothing in the event of the Insured/Insured Person for the delay in scheduled arrival of the checked-in baggage caused by a Common Carrier, on a trip up to the Sum Insured or limits specified in the Policy certificate or the expenses incurred by the Insured person towards transportation for recovering the checked –in baggage from the common carrier. The cover is limited to the travel destinations specified in the main travel ticket from the Republic of India with all halts and via destinations included in the main travel ticket and declared at the time of purchase of this Policy. The Insurer’s liability to make payment is only in excess of the Deductible as specified in policy certificate

This Benefit shall be payable subject to the following:

1. For each and every claim made under this Benefit, a Deductible of number of hours specified in the Policy Certificate shall be separately applicable in terms of delay in arrival of the Checked-in Baggage from the actual arrival time of the Common Carrier at the Insured Person’s Intended Destination.

2. The Company is provided with a proof of such delay in writing from the Common Carrier.
3. The Company is provided with the receipts of the purchase of toiletries, medication and clothing that the Insured Person needed to buy in the duration of such delay.
4. If the Company makes any payment under this benefit, it is agreed that any recovery from any Common Carrier by the Insured Person, under the terms of the Convention for the Unification of Certain Rules Relating to International Carriage by Air, 1929 ("Warsaw Convention") shall become the property of the Company.
5. In the event of simultaneous claims under this Benefit as well as under Total Loss of Checked-in Baggage, the higher of the claims shall be payable by the Company in respect of the same item(s) of Checked -in Baggage during any one Period Of Insurance.

This cover is also available as a fixed benefit option upto the sum insured clearly specified in the policy certificate or under the special conditions of the policy certificate & subject to admissible claim as per the policy conditions applicable to this section including specific exclusion and to any other condition applicable to this policy. In respect to process claims documents specified under Documentation section is necessary to evaluate the claim. All terms & conditions applicable to this cover remains same as mentioned in coverage, specific exclusion, General exclusion applicable to this section

Specific Exclusions:

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 or indirectly for, caused by, arising from or in any way attributable to any of the following:

- 1 Valuables, Money, any kind of securities and tickets/passes or any other item not declared and/or agreed by the Company.
- 2 Loss of any Checked-in Baggage unless a Property Irregularity Report or other report usually issued by the Common Carrier 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 Losses arising from any delay, detention, confiscation by the customs officials or other public authorities.
- 5 Any delay while the Insured Person is in India/ Country of Origin.
- 6 Loss due to complete/partial damage of the Checked-in Baggage.

Section : Trip Cancellation and/or Interruption

Coverage

The Company shall compensate the Insured/ Insured immediate family, subject to limit of Sum Insured or sublimit shown in the policy certificate, if a trip is cancelled or interrupted due to any of the following reasons:

1. Unforeseen disease, illness, injury, or death of the Insured. Disease, injury or illness must be so disabling as to reasonably cause a trip to be cancelled or interrupted as supported by medical records and opinion acceptable to the Company.
2. Death of Insured's spouse, children, parent or parent in-law's.
3. Death of Brother or Sister of the insured 15 days prior to the departure date as stated in the policy.
4. Serious injury, sudden sickness of insured's spouse or parent or parent in-law or child requiring hospitalization for more than 24 hrs.
5. Compulsory quarantine or prevention of travel by Government of India

6. Inclement weather conditions causing cancellation or interruption of the trip with due authentication by a letter from the common carrier or this information is available from a reliable source in the public domain through any form of communication;
7. A Deductible of an amount specified in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

For the purpose of this benefit immediate family member shall mean member of the Insured Person's immediate family i.e the Insured Person's spouse, child who reside in the same country as the Insured Person

"Inclement weather" means includes Earthquake, Lighting, Storm, Typhoon, Hurricane, Landslide and rockslide, Tsunami, Volcano Eruption, Floods and Cyclone .

Trip Cancellation Benefits: Trips that are cancelled before the scheduled departure due to the reasons mentioned above. Company will reimburse for the non-refundable portion of the pre-paid lodging cost and/or the ticket cancellation charges, Visa charges, any sightseeing booked, cruise ticket, events, which are paid in advance or contracted to be paid by insured/insured person in the event of cancellation of trip post deduction of compensation offered by service provider/common carrier or any other source) , the maximum liability of company is subject to Sum insured or Sub limit shown in the policy certificate .

Trip Interruption Benefits: The Company will pay this benefit up to Sum Insured as specified in the Policy certificate, for trips that have been interrupted, due to the reasons mentioned above. The Company will reimburse for the forfeited, non-refundable prepaid payments, made prior to the Insured/ Insured Person's departure and additional cost of transportation expenses incurred by the Insured/ Insured Person(cost after adjusting the proceeds of canceling or preponing the already booked return ticket, if any), either

1. To return to the Republic of India; or
2. From the place that the Insured left the trip to the place that the Insured may rejoin the trip;
3. To reach the original trip destination if the Insured/ Insured Person is delayed, and leaves after the trip departure date.

However, the benefit payable under (2) and (3) will not exceed the cost of economy airfare by the most direct route, less any refunds paid or payable.

This cover is also available as a fixed benefit option upto the sum insured clearly specified in the policy certificate or under the special conditions of the policy certificate & subject to admissible claim as per the policy conditions applicable to this section including specific exclusion and to any other condition applicable to this policy. In respect to process claims documents specified under Documentation section is necessary to evaluate the claim. All terms & conditions applicable to this cover remains same as mentioned in coverage, specific exclusion, General exclusion applicable to this section.

Section: TRAVEL INCONVENIENCE:

Coverage

In the event of Trip cancellation or Interruption of a covered trip due to necessary and unavoidable reasons as stated below, the Company will indemnify the insured for the non-refundable portion of the pre-paid lodging cost and/or the ticket cancellation charges, Visa charges, any sightseeing booked, cruise ticket, events, which are paid in advance or contracted to be paid by

insured/insured person in the event of cancellation of trip (post deduction of compensation offered by service provider/common carrier or any other source) , the maximum liability of company is subject to Sum insured or Sub limit shown in the policy certificate. The Insurer's liability to make payment is only in excess of the Deductible as specified in policy certificate

1. Unforeseen disease, illness, injury, or death of the Insured/Insured Immediate Family Member. Disease, injury or illness must be so disabling as to reasonably cause a trip to be cancelled or interrupted as supported by medical records and opinion acceptable to the Company.
2. 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.
3. 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.
4. 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.
5. Inclement weather in the city or primary place of departure and / or at intended destination.
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. 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
 1. The Govt. of India issues a travel advisory.
 2. Airport is shut down forcing the Airline to delay the flight for more than 24 hours or to cancel the flight.
 3. Curfew is imposed by the City Administration.

For the purpose of this benefit immediate family member shall mean any member of the Insured Person's immediate family i.e the Insured Person's spouse, child or parent. children-in-law; siblings; siblings-in-law; parents; parents-in-law; grandparents; grandchildren; legal guardian, ward; step or adopted children; step-parents; who reside in the same country as the Insured Person

"Inclement weather" means includes Earthquake, Lighting, Storm, Typhoon, Hurricane, Landslide and rockslide, , Tsunami, Volcano Eruption, Floods and Cyclone.

This cover is also available as a fixed benefit option upto the sum insured clearly specified in the policy certificate or under the special conditions of the policy certificate & subject to admissible claim as per the policy conditions applicable to this section including specific exclusion and to any other condition applicable to this policy. In respect to process claims documents specified under Documentation section is necessary to evaluate the claim. All terms & conditions applicable to this cover remains same as mentioned in coverage, specific exclusion, General exclusion applicable to this section.

Specific Conditions applicable for Trip Cancellation and/or Interruption / Travel Inconvenience

- 1 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.
- 2 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.)
- 3 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.

- 4 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.
- 5 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.
- 6 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/policy certificate 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.
- 7 Operation of any of insured peril shall be considered only at the time of travel for all practical purposes in settlement of claims.

Specific Exclusions Applicable for Trip Cancellation and /or Interruption, Travel Inconvenience.

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

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. 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, 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 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, any family member of the Insured, 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.

Section: Loss of Gadgets

Coverage

In the event of Theft of the Insured Person's gadgets in the Country of Visit whilst on a Trip, the Company shall reimburse the Market Value of such gadgets, up to the limit of Sum Insured or sub limit on age, amount, per event limit specified against this Benefit in the Policy Certificate. The Insurer's liability to make payment is only in excess of the Deductible as specified in policy certificate.

For the purpose of this Benefit, "**Gadget**" shall mean a Mobile phone, I-Phones, I-PAD/ tablet/ laptop computer, or any handheld tablet, computers excluding any accessories or attachments that come as standard equipment with such devices.

For the purpose of this Benefit, "Market Value" refers to the amount required to purchase a new gadget of the same kind and quality as the gadget in relation to which a claim is made under this Benefit, less applicable depreciation @25% per annum from the date of purchase of such gadget, calculated as at the time of the loss.

For the purpose of this benefit “Unattended means” the device is either not visible to insured or proximity to the device is such that you cannot intervene an incident occur that results in loss, theft or damage to the gadget.

This Benefit shall be payable subject to the following:

1. Such Theft is required to be reported to the Police having jurisdiction at the place of loss within 24 hours of the occurrence of the incident, and a written report being obtained for the same.
2. The Company is provided with the original invoice/receipt evidencing the proof of purchase and ownership of such gadget, or document evidencing the authorized custody of the same, if such gadget is provided by his/her employer/business organization.
3. The Company is satisfied that the Insured Person took reasonable care to protect his/her gadget and did not in any way expose the gadget to the Theft due to negligence on his/her account, or on account of any Immediate Family Member or Travelling Companion.
4. A Deductible of an amount specified in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

This cover is also available as a fixed benefit option upto the sum insured clearly specified in the policy certificate or under the special conditions of the policy certificate & subject to admissible claim as per the policy conditions applicable to this section including specific exclusion and to any other condition applicable to this policy. In respect to process claims documents specified under Documentation section is necessary to evaluate the claim. All terms & conditions applicable to this cover remains same as mentioned in coverage, specific exclusion, General exclusion applicable to this section.

Specific Exclusions:

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 or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Theft from road vehicles unless such theft is from the locked boot or closed glove compartment
2. Gadget being left unattended by the Insured Person.
3. Gadget packed in any Checked-In Baggage
4. Any Lost accessories or attachments
5. Any internal or external damage caused to the Gadget, either due to mishandling of such Gadget or otherwise on account of either the Insured Person or any other party involved in any Theft
6. Any claim made on or after return of the Insured Person back to India/ Country of Origin.
7. Any exclusion mentioned in the “General Exclusions” section of this Policy

Section: Debit / Credit Card / FOREX CARD- Fraud

Coverage

In the event of loss or Theft of the Insured Person’s bank issued debit/credit/forex card in a Country of Visit whilst on a Trip, the Company shall pay or 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 against this Benefit in the Policy Certificate. The Insurer’s liability to make payment is only in excess of the Deductible as specified in policy certificate.

This Benefit shall be payable subject to the following:

1. All claims made under this Benefit shall be payable in India and in Indian Rupees only.
2. The Insured Person must have taken all reasonable steps to avoid any loss, damage or expense.
3. 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.
4. A Deductible of an amount specified in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

Specific Conditions:

1. All claim under this section shall be payable in India and in Indian Rupees only.
2. Any suit or legal proceedings against the Company under this section shall be filed and instituted in the court having jurisdiction in India only.
3. Each insured person must take all reasonable steps to avoid any loss, damage or expense.

Specific Exclusions

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 or indirectly for, 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, whether by the Insured Person or by any person acting on behalf of the Insured Person.
11. Any loss falling under the 'General Exclusions' Section of the Policy.

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

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

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

1. Any claim relating to events occurring before the commencement of the cover or otherwise outside of the period of insurance.
2. Pre-existing condition(s) are excluded from the policy including but not limited to unforeseen emergency measures to save the Insured/Insured person's life. This exclusion will apply to the following sections: Emergency Medical Expenses, Extension to Emergency Medical Expenses section, Emergency Medical Evacuation, Repatriation of Mortal Remains Dental Treatment Expenses, Daily Allowance in case of Hospitalization, Compassionate Visit, Study Interruption, Home Country Cover, University Excess Medical Cover, Permanent Total Disability (PTD), Permanent Partial Disability (PPD), however, this exclusion can be

waived Upon realization of additional premium and will be indicated in the Policy Certificate along with the corresponding sub-limit.

3. Pre-existing condition(s) are excluded from the policy. This exclusion will apply to the following sections: Emergency Medical Expenses, Extension to Emergency Medical Expenses section, Emergency Medical Evacuation, Repatriation of Mortal Remains Dental Treatment Expenses, Daily Allowance in case of Hospitalization, Compassionate Visit, Study Interruption, Home Country Cover, University Excess Medical Cover, Permanent Total Disability (PTD), Permanent Partial Disability (PPD), however, this exclusion can be waived Upon realization of additional premium and will be indicated in the Policy Certificate along with the corresponding sub-limit.
4. Treatment abroad if that is the sole reason or one of the reasons for the Insured/Insured Person's temporary stay abroad
5. Any claim if the Insured Person –
 - a. Is travelling against the advice of a Physician;
 - b. Is receiving, or is on a waiting list to receive, specified medical treatment declared in the Physician's report or certificate;
 - c. Has received terminal prognosis for a medical condition;
 - d. Is taking part in a naval, military or air force operation.
- 1 Deductibles as specified in the Policy Schedule/Policy Certificate.
6. No claim will be paid arising from suicide, attempted suicide or willfully self inflicted injury or illness, anxiety, depression, venereal disease, alcoholism or the abuse of the drugs.
7. Congenital external diseases, defects or anomalies –
8. Diseases, illness and accidents that are results of war and warlike occurrence or invasion, acts of foreign enemies, hostilities (whether war declared or not), civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, active participation in riots, confiscation or nationalisation or requisition of or destruction of or damage to property by or under the order of any government or local authority.
9. Any claim resulting or arising from or any consequential loss, directly or indirectly, caused by or contributed to or arising from:
 - a. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or
 - b. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
10. Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons, Adventure Sports unless declared beforehand and necessary additional premium paid
11. No claim will be paid which arises from the insured Person engaging in Air Travel unless he or she flies as a passenger on an aircraft properly licensed to carry passengers. For the purpose of this exclusion, Air Travel means being in or on, or boarding an aircraft for the purpose of flying therein or alighting there from following a flight
12. Medical Expenses in respect of Experimental, investigational or unproven treatments or treatments which are not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness for which confinement is required at a Hospital. Any Illness or treatment which is a result or a consequence of undergoing such experimental or unproven treatment
13. Any claim arising out of diseases, illnesses or accidents that the Insured/Insured Person has caused intentionally or by committing a crime or as a result of drunkenness or addiction (drugs, alcohol). However, treatment of mental and nervous

disorders, including alcohol and drug dependency, will be covered subject to the limits specified in the Policy Schedule/Policy Certificate, if specifically agreed for and mentioned in the Policy Schedule/Policy Certificate. The payment for such medical expenses shall be limited to inpatient hospitalization in a Hospital/Nursing Home for a period more than 24 hours.

14. Any claim arising out of any act of terrorism which means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), 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. This shall not apply in respect of **Section - Hijack Distress Allowance**

15. Naturopathy treatment

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

17. No claims will be paid for losses arising directly or indirectly from hazardous occupation or if engaging in any criminal or illegal act.

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

1. 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/Policy Certificate
2. Policies covering single trips can be issued upto single trip not exceeding 365 days.
3. Of the covers indicated in this policy wording coverage available to the insured will be indicated in the Certificate of Insurance along with Sum Insured and Deductibles
4. 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/Policy Certificate
5. The Policy start date shall be on or before the trip start date.
6. 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.
7. If the Insured /Insured Person does not declare the full current facts or declare wrong facts while requesting for extension of the Policy, any extension of such a Policy if granted shall be deemed to be invalid. No refund of premium will be given in case of extensions so invalidated. The Company will also not be liable to pay any claim filed under the extended Policy.
8. Termination of the Policy at a date earlier than the end date can be done only if the Insured Person returns back to the Republic of India earlier than the end date of the Period of Insurance of the Policy. Refund of premium for the days between the return date to the Republic of India and the end date of the Period of Insurance as mentioned in the Policy Schedule/Policy Certificate will only be given if the same are a minimum of 10 days. A cancellation charge will be deducted from the refund premium. Premium refunded will be equal to the amount of premium to be paid for the original Policy duration minus the premium to be paid by taking the return date as the new end date of Period of Insurance. No refunds will be given on policies with claims.
9. 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.
10. Policy is applicable for one-way travel also, including immigration travel with a condition for maximum duration of coverage limited to specified number of days as mentioned in the Policy Schedule/Policy Certificate.
11. The Insured Person shall take all reasonable precautions in the normal course, to stay healthy and prevent disease, illness and injury. Failure to do so will prejudice the Insured/Insured Person's claim under this Policy.
12. 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.

13. 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.
14. Claim Procedure – The procedure to be followed by the Insured / Insured person in case of any event that may give rise to a claim under this Policy, the claim documentation required to be submitted by the Insured / Insured Person at the time lodging claims as well as the claim settlement process are enumerated in the enclosed Claim Procedure attached to this Policy. Any failure on the part of the Insured / Insured Person in complying with the procedure or submission of required documents in support of his/her claim may prejudice the claim of the Insured/Insured Person.
15. Obligations of the Insured /Insured Person:
 - a. Insured / Insured Person shall provide to the Company or the Emergency Service Provider appointed by the Company, on demand any information that is required to determine the occurrence of the insurable event or the Company's liability to pay the benefits.
 - b. If requested to do so by the Company or the Emergency Service Provider appointed by the Company, the Insured / Insured Person is obliged to undergo a medical examination by a Medical Practitioner designated by the Emergency Service Provider for the purpose of settlement of claims only.. The cost towards the medical examination shall be borne by the Company
 - c. The Company or the Emergency Service Provider appointed by the Company is authorized to take all measures that are suitable for loss prevention and claim minimization which includes the Insured / Insured Person's transportation back to the Republic of India. The transportation of the Insured/Insured person back to India shall be done only on agreement and confirmation from the attending medical practitioner/ panel doctor that the Insured/Insured Person is capable of being transported to India
 - 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.
16. Transfer and Set-off of Claims:
 - a) If the Insured / Insured Person have any outstanding claims against third parties, such claims shall be transferred in writing to the Company up to the amount for which the reimbursement of costs is made by the Company in accordance with the terms hereunder.
 - b) In so far as an Insured / Insured Person receives compensation for costs he/she has incurred either from third parties liable for damages or as a result of other legal circumstances, the Company shall be entitled to set off this compensation against the insurance benefits payable.
 - c) Claims to the insurance benefits may be neither pledged nor transferred by the Insured/ Insured Person.Transfer and Set-Off of Claims shall not be applicable to any Medical Sections under the Policy namely Emergency Medical Expenses, Emergency Medical Evacuation, Repatriation of Mortal Remains, Dental Treatment Expenses, Personal Accident, Accidental Death and Permanent Total Disablement – Common carrier Coverage, Daily allowances in case of Hospitalization.
17. 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
18. 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.
19. In case a covered insured event, as described in the Benefit Section, occurs before date of purchase of this policy or advance warning is issued by the relevant authorities of the likelihood of such an event happening before date of purchase of this policy the Company shall not be liable to pay a claim.

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

1. Duty of Disclosure or Disclosure to information norm

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

2. Observance of terms and conditions

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

3. Geography

The geographical scope of this policy applies to events limited to the Geographical Area of Cover opted and which are specified in the Policy Schedule/ Policy Certificate

4. Eligibility

Policy shall be offered on single trip/multi (annual) trip basis

Premium Payment Frequency available under the policy is: Monthly/Quarterly/Half yearly/ Yearly

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

Area of cover

- Worldwide, Including US & Canada
- Worldwide excluding US & Canada
- Asia
- Schengen Excluding US & Canada
- Schengen Including US & Canada
- MDV(Marhaba Dubai Visa)

For a specific group, the area of cover may be limited to any particular country or region from above list of Area of Cover

5. Insured Person

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

6. Waiting Period

All claims payable with respect to a Pre-Existing Illness or any conditions declared and/or accepted at the time of proposal / application will be subject to a Waiting Period as specified in the Policy Certificate

7 . Alterations and Endorsements to the Policy

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

The following endorsement requests can be accepted by Us:

Sno	Scenarios	Before Policy Start Date	After Policy Start Date
1	Name Change	Allowed	Allowed
2	Address Change	Allowed	Allowed
3	DOB Change	Allowed	Allowed, subject to change in premium and company's guidelines
4	Change of Email	Allowed	Allowed
5	Change of Contact number	Allowed	Allowed

6	Change of Risk Start and/or End Date	Allowed	Not Allowed
7	Trip Extension	Not Allowed	Allowed
8	Change of Nominee	Allowed	Allowed
9	Change of Passport Details	Allowed	Not Allowed
10	Policy Cancellation	Allowed, only if request is received before 24 hours	Not Allowed
11	Plan Change	Allowed	Not Allowed
12	Geography Change	Allowed	Not Allowed

8. Loadings and / or exclusion

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

9. Material change

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

10. Fraudulent Claims

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

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

11. No constructive Notice

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

12. Notice of charge

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

13 Electronic Transaction:

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

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

14 Duties of the Insured/ Insured Person on occurrence of loss

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

- a) Forthwith inform the Company and file/submit a Claim Form in accordance with 'Claim Procedure'.
- b) Allow the Medical Practitioner or the Surveyor or any agent of the Company to inspect the lost/damaged properties premises /goods as well as examine the Insured / Insured Person.
- c) Assist and not hinder or prevent the Company or any of its agents in pursuance of their duties.
- d) Not to abandon the insured property/items in the premises, nor take any steps to rectify/remedy the damage before the same has been approved by the Company or any of its agents or the Surveyor.

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

15 Right to inspect

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

16 Position after a claim

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

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

17. Condition of Average

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

18. Indemnity

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

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

19. 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

20. Contribution

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

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

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

22. Forfeiture of claims

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

23. Free Look Period

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

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

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

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

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

24. Termination / Cancellation

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

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

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

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

25. Cause of Action

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

26 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.

27. Arbitration clause

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

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

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

28Renewability

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

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

Instalment premium is not received during a 15 days grace period

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

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

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

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

29Extension

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

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

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

30Notices

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

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

31Customer Service

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

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

32. Multiple Policies

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

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

GRIEVANCES REDRESSAL PROCEDURE

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

- Website : www.bharti-axagi.co.in
- Email : customersupportba@icicilombard.com
- Phone : 18001032292
- Courier : Any of the Company's Branch office or corporate office

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

Escalation Level 1

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

Write to: ICICI Lombard General Insurance Company Ltd., ICICI Lombard House, 414, Veer Savarkar Marg, Prabhadevi, Mumbai – 400025, Telephone: 18001032292

Escalation Level 2

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

Weblink: <https://www.bharti-axagi.co.in/grievance-redressal/procedure>

Escalation Level 3

In case the Policyholder/ Insured/Insured Person has not got his/her grievances redressed by the Company within 14 days, or, If Policyholder/ Insured/Insured Person is not satisfied with Company's redressal of the grievance through one of the above methods, Policyholder/ Insured/ Insured Person may approach the nearest Insurance Ombudsman for resolution of their grievance. The contact details of Ombudsman offices are mentioned below. Policy holder may also obtain copy of IRDAI circular Ref No. F. No. IRDAI/Reg/8/145/2017, notification on Insurance Regulatory and Development Authority (Protection of Policy holders' interests) Regulations, 2017 from any of our offices.

Grievance of Senior Citizens:

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

- Website : www.bharti-axagi.co.in
- Email: customersupportba@icicilombard.com

- Phone : 18001032292
- Courier : Any of the Company's Branch office or corporate office

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

Grievance Redressal Cell of the Consumer Affairs Department of IRDAI

The insurance company should resolve the complaint within a reasonable time. In case if it is not resolved within 15 days or if the Insured/Insured Person is unhappy with their resolution you can approach the Grievance Redressal Cell of the Consumer Affairs Department of IRDAI.

- Website : igms.irda.gov.in
- Email : complaints@irda.gov.in
- Toll Free Number 155255 (or) 1800 4254 732

Fill and send the Complaint Registration Form along with any letter or enclosures, if felt necessary, by post or courier to:
General Manager
Consumer Affairs Department- Grievance Redressal Cell,
Insurance Regulatory and Development Authority of India(IRDAI),
Sy.No.115/1,Financial District, Nanakramguda,
Gachibowli, Hyderabad-500032

The Compliant Registration Form is available for download at
<http://www.policyholder.gov.in/uploads/CEDocuments/complaintform.pdf>

LIST OF INSURANCE OMBUDSMEN

Office Details	Jurisdiction of Office Union Territory, District)	Date Of Taking Charge
AHMEDABAD - Shri Kuldip Singh Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.	03/10/2019
BENGALURU - Smt. Neerja Shah Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka.	23/04/2018
BHOPAL - Shri Guru Saran Shrivastava Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh Chattisgarh.	24/05/2018
BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 / 2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in	Orissa.	11/09/2019
CHANDIGARH - Dr. Dinesh Kumar Verma Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana(excluding Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.	16/04/2018
CHENNAI - Shri M. Vasantha Krishna Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Tamil Nadu PuducherryTown and Karaikal (which are part of Puducherry).	03/05/2018

<p>LUCKNOW -Shri Justice Anil Kumar Srivastava Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@cioins.co.in</p>	<p>Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.</p>	<p>11/09/2019</p>
<p>MUMBAI - Shri Milind A. Kharat Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in</p>	<p>Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.</p>	<p>04/05/2018</p>
<p>NOIDA - Shri Chandra Shekhar Prasad Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P.-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in</p>	<p>State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>	<p>17/09/2019</p>
<p>PATNA - Shri N. K. Singh Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@cioins.co.in</p>	<p>Bihar, Jharkhand.</p>	<p>09/10/2019</p>
<p>PUNE - Shri Vinay Sah Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in</p>	<p>Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.</p>	<p>03/12/2019</p>

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

Claims Procedure

1. In the event of an accident or sudden illness which is likely to give rise to a claim under this Policy, the Insured Person shall immediately contact the Emergency Assistance Service Provider giving details of the Policy issued to him/her. The details of phone numbers and Help Line are given in the Schedule/Certificate attached to this Policy.
2. The first call will have to be made by the Insured Person giving his/ her contact number and subsequent calls will be made by the Service Provider at the contact number given by the Insured Person.
3. The Insured Person or his representative shall provide to the Emergency Assistance Service Provider maximum information about the illness, accident or occurrence as is available, as well as other information such as the Policy number etc. Emergency Assistance Service Provider shall assist the Insured Person in getting admitted in to a hospital / getting treatment from a Medical Practitioner as an outpatient.
4. Where it is not possible to make an emergency call before consulting a Medical Practitioner or going into hospital, the Insured Person shall contact the Emergency Assistance Service Provider as soon as possible. In either case, when being admitted as a patient, the Insured Person shall inform the Medical Practitioner or personnel at the hospital, the details of his/her policy coverage and shall state the details of the Emergency Assistance Service Provider and request them to contact them.
5. All necessary claim documents should be furnished to the Company/ Emergency Assistance Service Provider by the policy holder/insured to make a claim. However, claims filed even beyond such period should be considered if there are valid reasons of any delay.-
6. If proper intimation is given, the Emergency Assistance Service Provider shall give a benefit guarantee (cash less in-patient hospitalisation as well as outpatient treatment) to the hospital / other providers for the costs of hospitalization, transportation by emergency services, emergency evacuation, transportation home, repatriation or transportation of mortal remains and burial listed under Scope of Coverage under the Policy. These costs will be settled directly by the Emergency Assistance Service Provider on behalf of and for the account of the Company. The Insured Person shall release Medical Practitioners/hospital contacted by Emergency Assistance Service Provider from their duty not to disclose information about his/her case.
7. In such cases, the Insured Person before his discharge from the Hospital, shall fill up and sign the claim form and hand over the same to the Hospital authorities to be handed over to Emergency Assistance Service Provider. Please send the duly signed claim form along with all the documents to designated TPA within 14 days of the occurrence of the Incident. . However, claims filed even beyond such period should be considered if there are valid reasons of any delay.
8. Where no information is given to Emergency Assistance Service Provider and the payment for hospital treatment / outpatient treatment has been made by the Insured Person, the reasons therefore shall have to be given by the Insured / Insured Person along with the claim form giving details of treatment and bills for expenditure to the Company OR Emergency Assistance

Service Provider. After examining the facts and establishing the liability, in consultation and with the approval of the Company Emergency Assistance Service Provider will reimburse to the Insured Person the costs incurred within the Scope of Coverage of the Policy on behalf of and for the account of the Company.

9. Besides where Insured or Insured Person and Emergency Assistance Service Provider agree that even though the procedure under Claims Procedure is complied with, the claim should be settled on a reimbursement basis (in consultation and with the approval of the Company), then it will be done so accordingly.
10. With respect to Emergency evacuation or repatriation, the following services shall be arranged by the Company through the Emergency Assistance Service Provider:
 - a) Transferring the Insured/Insured by air ambulance, regular airline or any other method of transport that is ascertained as being appropriate by the Emergency Assistance Service Provider and/or the Company. The method of transport and the date and time shall be decided by the Emergency Assistance Service Provider and/or Company
 - b) If the Insured/Insured Person is admitted to a Hospital then and if in the opinion of the appointed Medical Practitioner, the medical facilities in the hospital are not suitable or adequate, the Insured/Insured Person will be evacuated to the nearest place where appropriate services are available or to his/her permanent place of residence in India
 - c) Arrangement of reasonable and necessary transport and additional accommodation costs for another person to accompany the Insured/Insured Person if it is Medically Necessary that the Insured/Insured Person be accompanied in this way; this might be a Medical Practitioner, nurse, relative, friend or colleague
 - d) In the event of death of the Insured/Insured Person due to an insured event in terms of this policy, arrangements for bringing transporting the mortal remains of the deceased back to the Republic of India or reimbursement of cost of local burial or cremation in the country where the death occurred. An official death certificate and a physician's statement giving the cause of death needs to be submitted.

The Company will not be liable in respect of the emergency evacuation or repatriation service for:

- a) Any failure to provide the emergency evacuation or repatriation service or for any delays in providing it, unless the failure or delay is caused by the negligence of the Company and/or the Emergency Assistance Service Provider
- b) Failure or delay in providing the emergency evacuation or repatriation service if:
 - a. By law the overseas evacuation or repatriation service cannot be provided in the country in which it is needed; or
 - b. The failure or delay is caused by any reason beyond our control including, but not limited to, strikes and flight conditions.
- c) Injury or death caused while the Insured/Insured Person is being moved unless it is caused by the negligence of the Company/Emergency Assistance Service Provider or the negligence of anyone acting on the behalf of the Company/Emergency Assistance Service Provider

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

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

13. Reimbursement of all claims by the Emergency Assistance Service Provider will be in India, in Indian Rupees at the exchange rate specified by the Reserve Bank of India, as applicable on the date the amount is billed.

14. 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

15. The total loss of checked- in baggage caused by an international carrier (airlines) must be reported to the International Carriers (airlines) and a Property Irregularity Report (P.I.R) shall be obtained from them. Original report together with the ticket(s), baggage tag(s) and the claim form are to be submitted in support of a claim by the Insured Person to the Company OR Emergency Assistance Service Provider.
16. When there is an Instalment facility - if Insured Person makes a claim under the policy (applicable for annual year policy), Insured Person will be liable to pay the premium for the entire policy period in full and premium shall be realized by the Company in full, before the claim is paid or Insured Person authorizes us to deduct from claim amount due any outstanding premiums due.
17. A loss of passport must be reported to the police authorities within 24 hours of discovery of such loss and an official report obtained from the Police authorities. The original official report of the Police authorities should also be submitted along with the claim form to the Company OR Emergency Assistance Service Provider
18. Failure to comply with the claims procedure stated above in respect of Total Loss of Checked-in Baggage and Loss of Passport, may prejudice the claim of the Insured Person.
19. Claims for reimbursement shall be submitted to the Company OR Emergency Assistance Service Provider within one month after completion of the treatment or transportation home. In the event of accidental death, the same shall be submitted within one month after transportation of mortal remains/burial.
20. The Insured and the Insured Person shall provide Emergency Assistance Service Provider / the Company on demand with any information that is required to determine the occurrence of the insured event or the scope of the Company's liability. In particular, at the request of Emergency Assistance Service Provider / the Company proof shall be furnished of the actual commencement of the trip abroad.
21. If requested to do so by Emergency Assistance Service Provider / the Company, the Insured Person and/or the Insured shall authorise Emergency Assistance Service Provider / the Company to obtain all the information considered necessary from third parties (Medical Practitioners, dentists, alternative practitioners, medical institutions of any kind, insurance carriers, health or pension offices) and release these parties from their obligation not to disclose information.
22. If requested to do so by Emergency Assistance Service Provider / the Company, the Insured Person is obliged to undergo a medical examination by a Medical Practitioner designated by Emergency Assistance Service Provider / the Company.
23. In case of any claim under Personal Liability or Bail Bond proof of judicial decision rendered by a Court of Law may be required.
24. In case of any accident giving rise to a claim under the Personal Accident section of the Policy, the Insured/ Insured Person, his/her nominee or legal representatives, as the case may be, shall provide complete information and details about the Insured Person in the claim form along with the following documents to the Company OR Emergency Assistance Service Provider. Such a claim will be settled only in India in Indian rupees.
25. The Company shall settle the claim within 30 days from the date of receipt of last necessary document in accordance with the provision of regulation 27 of IRDAI (Health Insurance) Regulations, 2016. In the case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate."

List of documents required for Claims processing:

TOTAL LOSS OF CHECKED IN BAGGAGE	
1.	Duly filled and completed claim form
2.	Policy Certificate
3.	Air tickets along with boarding passes
4.	Copy of passport with exit and entry stamps
5.	Copy of baggage tag's
6.	Property Irregularity Report issued by the common carrier mentioning the number of baggage's checked-in.
7.	Original Certificate from airline authorities stating that baggage has been lost along with compensation details
8.	Adequate proof of ownership of items contained within checked-in baggage valued in excess of Indian rupee equivalent of US\$100
9.	Covering letter detailing circumstances
10.	Cancelled cheque of the insured / nominee

DELAY OF CHECKED IN BAGGAGE	
1.	Duly filled and completed claim form
2.	Policy Copy
3.	Copy of passport, visa with entry and exit stamp
4.	Air tickets and boarding pass
5.	Property Irregularity Report issued by the common carrier.
6.	Certificate from airline authorities clearly stating the date and time of delay and delivery of the baggage.
7.	Original bills towards toiletries, medication and clothing during the delay period
8.	Letter/communication clearly stating the compensation details offered by the Airlines/Third Party
9.	Covering letter detailing circumstances
10.	Cancelled cheque of the insured / nominee

Loss of Debit/credit/forex card	
1.	Duly filled and completed claim form 59 Internal
2.	Policy Copy
3.	FIR/Copy of police report mentioning the reason of loss
4.	Bills/receipts of expenses incurred in obtaining a fresh/duplicate passport and other related expenses
5.	Copy of new passport/driving licence and previous passport/ travel documents (if available).
6.	Details providing the proof for loss of debit/credit / forex card letter from bank for card block .
7.	Last transaction details and transaction details prior loss of card , bank statement .
8.	Air Ticket, Boarding passes and copy of passport with visa entry and exit stamp
9.	Covering letter detailing circumstances
10.	Cancelled cheque of the insured / nominee
11.	Any other documents as required while processing the claim

TRIP CANCELLATION AND /OR INTERRUPTION	
1.	Duly signed claim form
2.	Policy Copy
3.	Proof of death or hospitalization of insured person or of spouse, parents & children.(if applicable)
4.	Medical reports and doctors statement if trip is cancelled or interrupted due to medical reasons. (if applicable)
5.	Termination letter from the company if trip is cancelled due to employments.(if applicable)
6.	Letter from the airlines clearly mentioning the reason of cancellation and interruption of flight(if applicable)
7.	Proof of material loss or damage to the property (eg police report, media coverage) (if applicable)
8.	Copy of complete schedule itinerary for all the sectors
9.	Copy of new itinerary in case trip got reschedule along with boarding passes
10.	Copy of Passport with visa entry and exit stamp
11.	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
12.	All original bills and receipts for expenses which got forfeited, nonrefundable in nature. All original bills and receipts for additional reasonable and necessary transportation expenses and accommodation charges
13.	due to interruption of schedule flight
14.	Cancelled cheque of the insured / nominee
15.	Any other documents as required while processing the claim

Travel Inconvenience	
1.	Duly signed claim form
2.	Policy Copy
3.	Proof of death or hospitalization of insured person or of spouse, parents & children.(if applicable)
4.	Medical reports and doctors statement if trip is cancelled or interrupted due to medical reasons. (if applicable)
5.	Termination letter from the company if trip is cancelled due to employments.(if applicable)
6.	Letter from the airlines clearly mentioning the reason of cancellation and interruption of flight(if applicable)
7.	Proof of material loss or damage to the property (eg police report, media coverage) (if applicable)
8.	Copy of complete schedule itinerary for all the sectors
9.	Copy of new itinerary in case trip got reschedule along with boarding passes
10.	Copy of Passport with visa entry and exit stamp
11.	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
12.	All original bills and receipts for expenses which got forfeited, nonrefundable in nature.
13.	All original bills and receipts for additional reasonable and necessary transportation expenses and accommodation charges
14.	due to interruption of schedule flight
15.	Cancelled cheque of the insured / nominee
16.	Any other documents as required while processing the claim

LOSS OF GADGETS	
1.	A confirmation in writing from employer that they do not have any insurance policy/maintenance agreement /contract for the loss of the laptops / gadgets; and that employees are personally liable for same.
2.	Covering letter detailing the circumstances of claim and claimed amount.
3.	Duly filled and signed claim form from the insured.
4.	Original policy schedule duly signed by the insured or his representative
5.	Copy of air ticket or E-ticket & Passport Copies, Visa Copies and immigration stamp pages
6.	Original Police Complaint from the place of loss.
7.	Proof of ownership of the lost laptop /gadgets.
8.	Any other documents as required while processing the claim