

PREAMBLE

TATA AIG General Insurance Company Limited (**The Company**) will provide the insurance described in this **Policy** and any endorsements to the **Policy**, detailed in the **Policy Schedule / Certificate of Insurance** and in reliance upon the statements contained in the Proposal which shall be the basis of this **Policy** and are deemed to be incorporated herein in consideration for the payment of the premium and in compliance with all applicable provisions of this **Policy**.

The insurance provided under this **Policy** is only with respect to such and so many of the coverages as are indicated by a specific amount set opposite in the **Policy Schedule/Certificate of Insurance**.

The Extension Coverages to the Base cover are provided on payment of additional premium and subject to the terms and conditions and exclusions as stated in the Policy Wordings. These Extensions shall be available only if the same has been specifically mentioned in the **Policy Schedule/Certificate of Insurance**.

The insurance provided under these Extensions are only with respect to such extensions as have been mentioned in the **Policy Schedule/Certificate of Insurance**

DEFINITIONS

The terms defined below in the **Policy** have the meanings ascribed to them wherever they appear in this **Policy** and, where, the context so requires, references to the singular include references to the plural; references to the male includes the female and references to any statutory enactment includes subsequent changes to the same.

i. Standard Definitions

1. **Accident/Accidental:** means a sudden, unforeseen, and involuntary event caused by external, visible and violent means.
2. **Cashless facility:** means a facility extended by **The Company** to the **Insured Person** where the payments, of the costs of treatment undergone by the **Insured Person** in accordance with the **Policy** terms and conditions, are directly made to the **Network Provider** by **The Company** to the extent pre-authorisation is approved.
3. **Day Care Centre:** means any institution established for **Day Care Treatment** of **Illness** and /or injuries or a medical set up with a **Hospital** and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified **Medical Practitioner** and must comply with all minimum criterion as under

- i) Has qualified nursing staff under its employment
 - ii) Has qualified **Medical Practitioner/s** in charge
 - iii) Has 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 Company's authorize personnel
4. **Day Care Treatment:** means medical treatment, and/or **Surgical Procedure** which is:
- i. undertaken under General or Local Anesthesia in a **Hospital / Day Care Centre** in less than 24 hrs. because of technological advancement, and
 - ii. Which would have otherwise required **Hospitalisation** of more than 24 hours. Treatment normally taken on an out-patient basis is not included in the scope of this definition.
5. **Emergency Care:** means management for **Illness/ 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 **Insured Person's** health.
6. **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 the Insured Person 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:
 1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or Tests
 2. it needs ongoing or long-term control or relief of symptoms
 3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 4. it continues indefinitely
 5. It recurs or is likely to recur.

Provided such **Illness** / disease/ sickness should be contracted and /or commenced during the Trip.

7. **Injury:** means **Accidental** physical bodily harm excluding **Illness** or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a **Medical Practitioner**.
8. **In-patient:** means treatment for which the **Insured Person** has to stay in **Hospital** for more than 24 consecutive hours for a covered event.
9. **Intensive Care Unit:** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated **Medical Practitioner(s)**, and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
10. **Medical Advice:** means any consultation or advice from a **Medical Practitioner** including the issue of any prescription or follow-up prescription.
11. **Network Provider:** means the **Hospitals** or health care providers enlisted by **the Company**, Assistance Company, or jointly by **the Company** and Assistance Company to provide **Medical Services** to an **Insured Person** by a **Cashless facility**.
12. **OPD Treatment:** means the one in which the **Insured Person** visits a clinic / **Hospital** or associated facility like a consultation room for diagnosis and treatment based on the advice of a **Medical Practitioner**. The **Insured Person** is not admitted as a **Day Care** or **In-Patient**.
13. **Post-hospitalisation Medical Expenses:** means **Medical Expenses** incurred during predefined number of days immediately after the **Insured Person** is discharged from the **Hospital** provided that:
 - i. Such **Medical Expenses** are for the same condition for which the **Insured person's Hospitalisation** was required, and
 - ii. The **In-patient Hospitalisation Claim** for such **Hospitalisation** is admissible by **the Company**
14. **Subrogation:** means the right of **The Company** to assume the rights of the **Insured Person** to recover expenses paid out under the **Policy** that may be recovered from any other source.

ii. Specific Definitions

15. **Acquired Immune Deficiency Syndrome:** means Acquired Immune Deficiency Syndrome, a condition characterised by a combination of signs and symptoms, caused by Human Immunodeficiency Virus, which attacks and weakens the body's immune system making the HIV-positive person susceptible to life threatening conditions or other conditions, as may be specified from time to time;
16. **Adventure Sports:** means Recreational activities perceived as involving a high degree of risk. These activities involve either or speed, height, a high level of physical exertion, and highly specialized gear.
17. **Age:** means the age of the **Insured Person** on his completed birthday as per the English calendar, regardless of the actual time of birth at the time of **Policy** inception.
18. **Air Travel:** means travel by a **Scheduled Airline**/aircraft for the purpose of flying therein as a passenger.
19. **Ambulance:** means a motor vehicle operated by a licensed/ authorised service provider and equipped for taking ill or injured people requiring medical attention to and from **Hospital** in emergencies.
20. **Assistance Company:** means with whom **the Company** contracts, as an independent contractor, to provide travel related emergency assistance services.
21. **Act of Terrorism:** 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 similar purpose including the intension to influence any government and/or to put the public, or any section of the public in fear.
22. **Burglary:** means an act involving the unauthorized and forcible entry to or exit from the **Insured Person's Usual place of Residence** with an intent of committing a **Theft**.
23. **Catastrophe:** means an unexpected natural event, such as an earthquake, tsunami or flood which causes widespread loss, damage, or disruption at locations which are forming part of the trip.

24. **Certificate of Insurance:** means certificate attached to and forming part of this **Policy** mentioning the details of the **Insured Person** who is covered, along with the Coverages and **Sum Insured**, the **Cover Period** and the limits and condition, to which the Coverages under the **Policy** are subject to, including any annexure and/or endorsements.
25. **Child(ren):** means named dependent children of the **Insured Person**.
26. **Chiropractor:** means a regulated healthcare professional and a licensed practitioner.
27. **Claim(s):** A demand made by the **Insured Person** for payment under any Coverage, as covered under the **Policy Schedule/ Certificate of Insurance**.
28. **Common Carrier:** means any public road, rail or water conveyance or **Scheduled Airline**, which is operating under a valid license from the relevant authority for the **Transportation** of fare paying passengers.
29. **Congenital Anomaly:** means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position
 - a) Internal Congenital Anomaly – which is not in the visible and accessible parts of the body.
 - b) External Congenital Anomaly – which is in the visible and accessible parts of the body.
30. **Cover Period End Date:** means the date on which the **Cover Period** expires.
31. **Cover Period Start Date:** means the date on which the **Cover period** commences.
32. **Day:** means a period of 24 consecutive hours.
33. **Deductible / Excess Period/ Time Deductible:** means the number of hours/days of each and every loss payable by **Insured Person** before the **Policy** Coverages becomes payable.
34. **Deductible/Co-pay amount :** means the amount which shall be borne by the **Insured Person** in respect of each and every **Claim** made under opted Coverage. **The Company's** liability to make any payment under the Coverage is in excess of the **Deductible / Co-pay** opted.

35. **Emergency Medical Evacuation:** means
- o **Transportation** of the **Insured Person** from the place where he has suffered an **Injury** or contracted an **Illness** to the nearest **Hospital** where appropriate medical treatment can be obtained;
 - o After being treated at a local **Hospital**, **Insured Person's** medical condition warrants **Transportation** to the country where the trip commenced to obtain further medical treatment.
36. **Family:** means the **Insured Person** and/or his **Spouse** and/or **Children**.
37. **Hospital:** means any institution constituted and registered as a facility for the care and treatment of ill and injured person as paying bed patients and which
- i) has qualified nursing staff under its employment round the clock
 - ii) is not primarily a clinic, nursing, rest or convalescent home, a home for the aged, a place for the treatment of alcoholism or drug addiction or an institution for mental or behavioural disorder; and
 - iii) has qualified **Medical Practitioner(s)** in charge round the clock
 - iv) has full facilities for diagnosis, a fully equipped operation theatre of its own where **Surgical Procedures** are carried out
 - v) Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel
38. **Hospitalisation:** means admission in a **Hospital** for a minimum period of 24 consecutive '**In-patient**' hours and **Day Care Treatment**.
39. **Hemiplegia:** means the complete and irreversible paralysis of upper and lower **Limbs** of the same side of the body.
40. **Immediate Family Member:** means **Insured person's Spouse; Children; Children-in-law; siblings and their children; Parents; parents-in-law; grandparents; grandchildren; legal guardian**.
41. **Immediate Dental Treatment:** means Medical treatment commencing within 24 hours of the time and date the sudden

acute pain first occurs without warning to the **Insured Person's** teeth.

42. **Insured Person:** means the person who is part of the Group and qualifies the eligibility criteria to be covered under this **Policy** and for whom the premium has been received by **The Company** and whose name is as detailed in the **Policy Schedule / Certificate of Insurance**.
43. **IRDAI:** means Insurance Regulatory and Development Authority of India.
44. **Life Threatening Condition** means a medical condition suffered by the **Insured Person** which has all the following characteristics
- o Markedly unstable vital parameters (blood pressure, temperature and respiratory rate)
 - o Acute impairment of one or more vital organ systems (involving brain, heart, lungs, Liver, Kidneys and pancreas)
 - o 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
 - o Critical care being provided in critical care area such as Coronary Care Unit, Intensive Care Unit, respiratory care unit, or the emergency department
45. **Limb:** means entire arm or leg
46. **Medical Expenses:** means those expenses that an **Insured Person** has necessarily and actually incurred for medical treatment on account of **Illness** or **Accident** on the advice of a **Medical Practitioner**, as long as these are no more than would have been payable if the **Insured Person** had not been insured and no more than other **Hospitals** or doctors in the same locality would have charged for the same medical treatment.

Medical Expenses include

- In-patient treatment and/or **Day Care Treatment** in a local **Hospital** at the place the **Insured Person** is staying at the time of occurrence of an insured event.
- **Medically Necessary:** charges towards **Hospital** Room and Boarding, **Intensive Care Unit, Surgery** (Includes Operating room charges, Surgical Appliance, Surgeon fee and

Implant charges), Anesthetist services, x-ray examinations or treatments, and laboratory tests, **Medical Practitioner's** visit fees, Specialist fees, Miscellaneous expenses including cost of medicines / Pharmacy / Drugs / Supplies, Nursing charges, External medical appliances as prescribed by a registered **Medical Practitioner** as necessary and essential as part of the treatment on actual, Blood storage and processing charges towards **In-patient** treatment

- Diagnostic tests towards diagnostic methods necessary for the treatment of the **Insured Person** provided these pertain to the **Illness / Injury** due to which the **In-patient** treatment was deemed **Medically Necessary**
 - **Ambulance** service
 - Drugs, medicines, and therapeutic services and supplies.
47. **Medical Practitioner:** means a person who holds a valid registration and entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license. This excludes Chiropractor as defined in Point 15 of this Section.
48. **Medically Necessary:** means any treatment, tests, medication, or stay in **Hospital** or part of a stay in **Hospital** which:
- i) is required for the medical management of the **Illness** or **Injury** suffered by the **Insured Person**.
 - ii) must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity
 - iii) must have been prescribed by a **Medical Practitioner**
 - iv) Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
49. **Newborn Baby:** means baby born during the **Policy / Cover Period** and is aged up to 90 days.
50. **Paraplegia:** means the complete and irreversible paralysis of both lower **Limbs**.
51. **Personal Effects:** means clothes and other articles of personal nature likely to be worn, used or carried but excluding money, jewellery and valuables.
52. **Per Occurrence Limit:** means the maximum amount payable under a specific Coverage per incident during the **Policy / Cover Period**.

53. **Physiotherapy:** means any form of physical or mechanical therapy; diathermy; ultra-sonic therapy; heat treatment in any form; manipulation or massage administered by **Medical Practitioner**.
54. **Policy:** means the contract of insurance including but not limited to **Policy Schedule, Certificate of Insurance**, Endorsements, Policy Wordings, Extensions and Add On covers wherever opted for.
55. **Policyholder:** means the Person(s) or the entity named in the **Policy Schedule / Certificate of Insurance**.
56. **Policy Period End Date:** means the date on which the **Policy Period** expires.
57. **Policy Period Start Date:** means the date on which the **Policy Period** commences.
58. **Policy Schedule:** means **Schedule** attached to and forming part of this **Policy** mentioning the details of the **Insured Persons** who are covered along with the Coverages and **Sum Insured**, the **Policy Period** and the limits and condition, to which the Coverages under the **Policy** are subject to, including any annexure and/or endorsements.
59. **Pre-existing Disease:** means any condition, ailment, **Injury** or disease:
 - o That is/are diagnosed by a **Medical Practitioner** within 48 months prior to the effective date of the **Policy** issued by **the Company** or its reinstatement; or
 - o For which medical advice or treatment was recommended by, or received from, a **Medical Practitioner** within 48 months prior to the effective date of the **Policy** issued by **the Company**; or its reinstatement.
60. **Professional Sports:** means a sport, which remunerates in excess of 50% of the **Insured Person's** annual income as a means of their livelihood.
61. **Property Damage:** means physical damage, destruction of or loss of use of tangible property.
62. **Public Transport:** means travel systems available for use by general public, typically managed on a schedule, operated on established routes, and that charge a fee for each trip. Public transport may include city buses, trams (or light rail), passenger trains, rapid transit (metro/subway/underground etc.) and taxis.

It may also include transport between cities including **Scheduled Airlines**.

63. **Quadriplegia:** means the complete and irreversible paralysis of both upper and both lower **Limbs**.
64. **Scheduled Airline:** means any civilian aircraft operated by a civilian scheduled air carrier transport under license issued by the country of the aircraft's registry, and which in accordance therewith flies, maintains and publishes tariffs for regular passenger service between named cities at regular and specific times or regular flights operated by such carrier.
65. **Sum Insured:** means the maximum amount of coverage, as specified against each Coverage in the **Policy Schedule / Certificate of Insurance** to this **Policy**, which represents the maximum liability of **the Company** for any and all **Claims** made during **Policy / Cover Period** under that Coverage.
66. **Surgery or Surgical Procedure:** Surgery or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an **Illness** or **Injury**, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a Hospital or day care centre by a **Medical Practitioner**.
67. **The Company:** means Tata AIG General insurance Company Ltd.
68. **Transportation:** means any land, water or air conveyance required to transport the **Insured Person** in case of a medical emergency. **Transportation** includes but is not limited to air **Ambulance**, land **Ambulances** and private motor vehicles.
69. **Traveling Companion:** means up to two (2) person(s) who is/are booked to accompany the **Insured Person** on the **Trip**.
70. **Usual Place of Residence:** means **Insured Person's** address in India as mentioned in **Policy Schedule/ Certificate of Insurance**.
71. **Uniplegia:** means the complete and irreversible paralysis of one **Limb**.
72. **Various Insurance Period(s)**
 - o **Policy Period** means the time during which this **Policy** is in effect. Such period commences from the **Policy Period Start Date** and ends on the **Policy Period End Date** and specifically appears in the **Policy Schedule**.
 - o **Cover Period** means the time during which this Cover is in effect. Such period commences from the **Cover Period Start**

Date and ends on the **Cover Period End Date** and specifically appears in the **Certificate of Insurance** against the **Insured Person** during which this Coverage is valid for that specific **Insured Person**.

73. Various Trip Definitions:

- o **Annual Multi Trip:** means one or more trips, where each trip does not exceed the maximum number of Days as specified in the **Policy Schedule/ Certificate of Insurance**, that the **Insured Person** undertakes during the **Policy/Cover Period**.
 - **Insured Person's** Annual Multi Trip Insurance **Policy/ Cover** will start on the date specified on the **Policy Schedule/Certificate of Insurance**.
 - However, **Insured Person's** coverage under this **Policy/ Certificate of Insurance** begins later of:
 - 1) the **Policy/ Cover Period Start Date**; or
 - 2) the commencement of each **Trip / Overseas Trip** as applicable.
- o **Insured Journey:** means any journey undertaken by the **Insured Person**, which commences when the **Insured Person** enters the Port/Airport for onward journey and ends when he alights/ exits the Port/Airport in each leg of journey.
- o **Single Trip:** means the **Trip** where the **Insured Person** takes only one (1) trip which lasts or is expected to last for the number of days as specified in the **Policy Schedule/ Certificate of Insurance**.
- o **Trip:** means a journey starting within the **Policy / Cover Period** which commences and terminates within the geographical boundaries of India and includes an **Overseas Trip**. Such Trip should commence and terminate from/ at **Insured Person's Usual Place of Residence**. The coverage under this Trip is subject to there not being a time difference of more than 48 hours between
 - the time the **Insured Person** leaves the **Usual Place of Residence** till the time he boards a **Common Carrier** which is scheduled to leave for a foreign destination for the **Overseas Trip**; and
 - the time the **Insured Person** lands in India after completion of the **Overseas Trip** and the time he reaches his **Usual Place of Residence**

Such time difference of 48 hours being applicable independently for both the above scenarios.

- o **Overseas Trip:** means a journey which commences from a Sea port / Land port/ Airport in India and whose next destination is a Sea Port /Land Port/ Airport outside India, starting within the **Policy / Cover Period** and terminates on return to India or Policy/Cover Period End Date whichever is earlier.

BENEFITS COVERED UNDER THE POLICY

The Company hereby agrees to pay for the Coverages opted during the **Policy / Cover Period**. The **Policy Schedule / Certificate of Insurance** will specify which **Coverages** are in force for the **Insured Person**. Such **Coverages** are subject to applicable **Deductible, Co-Pay**, sub-limits and **Sum Insured** as specified in the **Policy Schedule / Certificate of Insurance**. Each and every **Claim** should occur within **Policy /Cover Period**.

Atleast one of the following mandatory coverage is applicable as opted:

Either 1.1.a. Base Cover - Medical Expenses – Accident and Illness or
1.1.b.Base Cover - Medical Expenses – Accident Only ;

1.5 Base Cover - Hospital Daily Cash;

Either 2.1.a Base Cover - Accidental Death (24 hours) or 2.1.b. Base Cover - Accidental Death (Common Carrier only).

1. MEDICAL CONTINGENCIES

1.1 Medical Expenses

1.1. a. Base Cover - Medical Expenses – Accident and Illness

The Company will reimburse **Medical Expenses** arising out of **Hospitalization** resulting from any **Injury** due to an **Accident** and/or **Illness** occurring whilst on an **Overseas Trip**, which is **Medically Necessary** and such **Hospitalization** is advised by treating **Medical Practitioner**. **Pre-existing disease** is included in this coverage provided additional premium for such inclusion has been received by **the Company** and the same has been specifically mentioned on the **Policy Schedule/ Certificate of Insurance**. Consequently, the Exclusion under - I.A.1. and I.A.2., shall not be applicable for this coverage.

Exclusions Specific to this coverage:

In addition to the General Exclusions listed in this **Policy**, this Coverage shall not cover any **Medical Expenses** related to: -

1. Routine physicals or other examinations including but not restricted to laboratory diagnostic or X-ray examinations where there are no objective indications or impairment in normal health
2. Dental treatment, dentures or Dental / Oral **Surgery**, unless caused by Hospitalisation arising out of an **Injury**. Treatment related to gum disease or tooth disease or damage unless related to irreversible bone disease involving the jaw, which cannot be treated in any other way.
3. Elective, cosmetic, or plastic surgery, except because of an **Injury** caused by a covered **Accident**.
4. Expenses incurred in connection with weak, strained, or flat feet, corns, calluses, or toenails.
5. Treatment of acne.
6. Surgical treatment undertaken for correction of Deviated nasal septum, including sub mucous resection and/or other surgical correction thereof, except as the result of Accident.
7. Organ transplants that are considered experimental in nature.
8. Childcare including general medical examination and immunization.
9. Expenses which are not exclusively medical in nature.
10. Eyeglasses, contact lenses, hearing aids, and examination for the prescription or fitting thereof unless caused by Hospitalisation arising out of an **Injury**.
11. Treatment provided in a government **Hospital** or services for which no charge is normally made.
12. Expenses related to the treatment for correction of eye sight due to refractive error.
13. Treatment for Alopecia, loss of hairs, treatment for hair including hair transplant and Laser treatments.
14. Bone marrow transplant in blood disorders.
15. Stem cell implantation/**Surgery**, harvesting, storage or any kind of Treatment using stem cells.

1.1. b. **Base Cover - Medical Expenses – Accident Only**

The Company will reimburse **Medical Expenses** arising out of **Hospitalization** resulting from any **Injury** due to an **Accident** occurring whilst on an **Overseas Trip**, which is **Medically Necessary** and such **Hospitalisation** is advised by treating **Medical Practitioner**

Exclusions Specific to this coverage:

In addition to the General Exclusions listed in this **Policy** this coverage shall not cover any **Medical Expenses** related to: -

1. Treatment of any **Illness**.
2. Routine physicals or other examinations including but not restricted to laboratory diagnostic or X-ray examinations where there are no objective indications or impairment in normal health
3. Dental treatment, dentures or Dental / Oral **Surgery** unless caused by Hospitalisation arising out of an **Injury**.
4. Elective, cosmetic, or plastic surgery, except as a result of an **Injury** caused by a covered **Accident**.
5. Expenses incurred in connection with weak, strained, or flat feet, corns, calluses, or toenails
6. Treatment of acne.
7. Organ transplants that are considered experimental in nature.
8. Childcare including general medical examination and immunization.
9. Loss caused, wholly or partly by infections (except pyogenic infections which shall occur through an **Accidental** cut or wound)
10. Expenses which are not exclusively medical in nature.
11. Eyeglasses, contact lenses, hearing aids, and examination for the prescription or fitting thereof unless caused by Hospitalisation arising out of an **Injury**.
12. Treatment provided in a government **Hospital** or services for which no charge is normally made.
13. Expenses related to the treatment for correction of eye sight due to refractive error.
14. Treatment for Alopecia, loss of hairs, treatment for hair including hair transplant and Laser treatments.
15. Bone marrow transplant in blood disorders.
16. Stem cell implantation/**Surgery**, harvesting, storage or any kind of Treatment using stem cells.

1.2 Extension - Emergency Medical Evacuation

(This extension is applicable only to 1.1.a. **Base Cover - Medical Expenses – Accident and Illness** or 1.1.b. **Base Cover - Medical Expenses – Accident Only** as opted for)

The Company will reimburse Covered Expenses if an **Injury** or

Illness during an **Overseas Trip** necessitates an **Insured Person's Emergency Medical Evacuation**.

An **Emergency Medical Evacuation** must be

- a. recommended by the attending **Medical Practitioner** who certifies that the severity or
- b. the nature of **Insured Person's Injury** or **Illness** warrants **Insured Person's Emergency Medical Evacuation** arranged and authorized in advance by the **Assistance Company**.

Covered Expenses means expenses, which are incurred for **Transportation** and medical treatment, including medical services and medical supplies for **Insured Person's Emergency Medical Evacuation**. All **Transportation** arrangements made for evacuating the **Insured Person** must be by the most direct and economical route possible.

Claim under this cover shall be admissible subject to such **Injury** or **Illness** being admissible under Coverage **1.1.a. Base Cover - Medical Expenses - Accident and Illness** and / or **1.1.b. Base Cover - Medical Expenses - Accident Only** as specified in the **Policy Schedule/ Certificate of Insurance**.

1.3 Extension - Repatriation of Mortal Remains

(This extension is applicable only to **1.1.a. Base Cover - Medical Expenses - Accident and Illness** or **1.1.b. Base Cover - Medical Expenses - Accident Only** as opted for)

The Company will reimburse Covered Expenses to bring **Insured Person's** mortal remains to **Insured Person's Usual Place of Residence** if **Insured Person** dies whilst on an **Overseas Trip**. All Repatriation of Remains arrangements must be approved in advance by **Assistance Company**.

The payment for cremation will be limited to INR 5000 as a fixed benefit in the event of non-submission of bills.

Covered Expenses include, but are not limited to, expenses for (a) embalming (b) cremation (c) coffin and (d) **Transportation**.

1.4 Extension - Treatment of Mental and Nervous Disorders

(This extension is applicable only to **1.1.a. Base Cover - Medical Expenses - Accident and Illness** or **1.1.b. Base Cover - Medical Expenses - Accident Only** as opted for)

The Company will pay a fixed amount for **Medical Expenses** related to mental and nervous disorders consequent to an **Illness**

or **Injury, Claim** for which is admissible under Coverage **1.1.a. Base Cover - Medical Expenses – Accident and Illness / or 1.1.b. Base Cover - Medical Expenses – Accident Only** as specified in the **Policy Schedule/ Certificate of Insurance**. Such disorder should result in a **Hospitalization** whilst on an **Overseas Trip** and should be **Medically Necessary** and as advised by treating **Medical Practitioner**.

1.5 Base Cover - Hospital Daily Cash

The Company will pay for each **Day** (of 24 hours), the amount as mentioned in the **Policy Schedule / Certificate of Insurance** of **Insured Person's Hospitalisation** resulting from any **Injury** due to an **Accident** and/or **Illness** whilst on an **Overseas Trip**, which is **Medically Necessary** and such **Hospitalization** is advised by treating **Medical Practitioner** up to maximum number of **Days** as mentioned in the **Policy Schedule / Certificate of Insurance**.

Pre-Existing disease is included in this coverage provided additional premium for such inclusion has been received by **the Company** and the same has been specifically mentioned on the **Policy Schedule/ Certificate of Insurance**. Consequently, the Exclusion under - I.A.1. and I.A.2., shall not be applicable for this coverage.

Exclusions Specific to this coverage:

In addition to the General Exclusions listed in this **Policy**, this Coverage shall not cover any **Hospitalization** for: -

1. Routine physicals or other examinations including but not restricted to laboratory diagnostic or X-ray examinations where there are no objective indications or impairment in normal health
2. Dental treatment, dentures or Dental / Oral **Surgery**. Treatment related to gum disease or tooth disease or damage unless related to irreversible bone disease involving the jaw, which cannot be treated in any other way.
3. Elective, cosmetic, or plastic surgery, except because of an **Injury** caused by a covered **Accident**.
4. Any treatment in connection with weak, strained, or flat feet, corns, calluses, or toenails.
5. Treatment of acne.
6. Surgical treatment undertaken for correction of Deviated nasal septum, including sub mucous resection and/or other surgical correction thereof, except as the result of Accident.

7. Organ transplants that are considered experimental in nature.
8. Treatment for Alopecia, loss of hairs, treatment for hair including hair transplant and Laser treatments.
9. Bone marrow transplant in blood disorders.
10. Stem cell implantation/**Surgery**, harvesting, storage or any kind of Treatment using stem cells.

1.6 Extension - Post-Hospitalization expenses

(This extension is applicable only to 1.1.a. **Base Cover - Medical Expenses – Accident and Illness** or 1.1.b. **Base Cover - Medical Expenses – Accident Only** as opted for)

The Company will reimburse **Post-Hospitalization expenses** incurred for consultations, investigations and medicines up to the number of days as mentioned in the **Policy Schedule / Certificate of Insurance** subject to valid **Claim** under Coverage **1.1.a. Base Cover -Medical Expenses – Accident and Illness / or 1.1.b. Base Cover - Medical Expenses – Accident Only** as specified in the **Policy Schedule/ Certificate of Insurance**.

In the event of same claim being admissible under both Coverages 1.8. Well-being Expenses and 1.6. Extension - Post-Hospitalisation Expenses, the amount that is payable under this Coverage 1.6. Extension - Post-Hospitalisation Expenses shall not be admissible under 1.8. Well-being Expenses.

1.7 Extension - Emergency Dental Expense

(This extension is applicable only to 1.1.a. **Base Cover - Medical Expenses – Accident and Illness** or 1.1.b. **Base Cover - Medical Expenses – Accident Only** as opted for)

The Company will reimburse Covered Expenses for **Immediate Dental Treatment** whilst on an **Overseas Trip**, which is **Medically Necessary** and as advised by treating **Medical Practitioner**.

Covered Expenses means expenses incurred in filling of the tooth or surgical treatment, services, or supplies, subject to **Per Occurrence Limit** as shown in the **Policy Schedule / Certificate of Insurance**.

The Company's liability under this **Coverage** shall not exceed USD 100 in the event the **Insured Person** is unable to provide Medical Bills for Covered Expenses subject to the **Insured Person** at least providing Medical prescription and treatment papers related to such dental treatment.

Exclusions Specific to this coverage:

In addition to the General Exclusions listed in this **Policy** this Coverage shall not cover: -

1. Any **Pre-existing Disease** and /or any complications arising from it.
2. Fixation of tooth or teeth bridge(s).
3. Dental Crowning, bridging and bracing.
4. Orthodontic treatment and any treatment related to degenerative or oncological diseases.
5. Treatment which could be reasonably delayed until the **Insured Person's** return to **Usual Place of Residence**.
6. Treatment relating to the removal of physical flaws or anomalies (cosmetic treatment or plastic surgery in any form or manner unless **Medically Necessary** as a part of any covered treatment).
7. General dental treatment including but not limited to cleaning-polishing, scaling

1.8 Well-being Expenses

(This extension is applicable only to 1.1.a. **Base Cover - Medical Expenses – Accident and Illness** or 1.1.b. **Base Cover - Medical Expenses – Accident Only** and/or 1.5. **Base Cover – Hospital Daily Cash** as opted for)

1.8.a. Extension - Outpatient Expenses

The Company will reimburse **OPD Treatment** per visit up to maximum number of visits as mentioned in the **Policy Schedule / Certificate of Insurance** whilst on an **Overseas Trip** which are **Medically Necessary** and as prescribed by treating **Medical Practitioner** for: -

1. Costs of medicines / Pharmacy/ Drugs/ Supplies
2. Diagnostic tests
3. Consultations excluding covers mentioned in Coverage 1.8.b. Extension – Recuperation Expenses if opted
4. Treatment of **Fractures/ Burns**

Exclusions Specific to this coverage:

In addition to the General Exclusions listed in this **Policy**, this Coverage shall not cover any **Medical Expenses** related to: -

1. Routine physicals or other examinations including but not restricted to laboratory diagnostic or X-ray examinations where

there are no objective indications or impairment in normal health

2. Dental treatment, dentures or Dental / Oral **Surgery**. Treatment related to gum disease or tooth disease or damage unless related to irreversible bone disease involving the jaw, which cannot be treated in any other way.
3. Elective, cosmetic, or plastic surgery, except because of an **Injury** caused by a covered **Accident**.
4. Expenses incurred in connection with weak, strained, or flat feet, corns, calluses, or toenails.
5. Treatment of acne.
6. Surgical treatment undertaken for correction of Deviated nasal septum, including sub mucous resection and/or other surgical correction thereof, except as the result of Accident
7. Expenses which are not exclusively medical in nature.
8. Eyeglasses, contact lenses, hearing aids, and examination for the prescription or fitting thereof.
9. Treatment provided in a government **Hospital** or services for which no charge is normally made.
10. Treatment for Alopecia, loss of hairs, treatment for hair including hair transplant and Laser treatments.
11. Bone marrow transplant in blood disorders.

1.8.b. Extension - Recuperation Expenses

The Company will reimburse recuperation expenses per session up to maximum number of sessions as mentioned in the **Policy Schedule / Certificate of Insurance** whilst on an **Overseas Trip** which are **Medically Necessary** and results from an **Illness** or **Injury** contracted/sustained whilst on an **Overseas Trip** and is advised by treating **Medical Practitioner** for:-

1. Psychological therapy
2. Speech Therapy
3. Occupational therapy
4. **Physiotherapy**
5. Service expenses for recovery of mental and physical skills lost due to **Injury**
6. Visits to **Chiropractor**.

1.8.c.Extension - Routine Check-Up

The Company will reimburse expenses incurred for the below given preventive healthcare packages up to maximum number of packages as mentioned in the **Policy Schedule / Certificate of Insurance** whilst on an **Overseas Trip** as advised by treating **Medical Practitioner**.

Package 1. Pathological / Diagnostic Tests

Package 2. Routine Dental Care

Package 3. Routine Vision Care

In the event of same claim being admissible under both Coverage 1.8. Well-being Expenses and 1.6. Extension - Post-Hospitalisation Expenses, the amount that is payable under this Coverage 1.8. Well-being Expenses shall not be admissible under 1.6. Extension - Post-Hospitalisation Expenses.

Pre-existing disease is included in this cover provided the **Policyholder** has paid additional premium for such inclusion and the same has been specifically mentioned on the **Policy Schedule/ Certificate of Insurance**. Consequently, the Exclusion under - I.A.1. and I.A.2., shall not be applicable for this Cover.

1.9 Extension - Pre-Existing Disease Cover for a Life-Threatening Condition

(This extension is applicable only to 1.1.a. **Base Cover - Medical Expenses – Accident and Illness**)

The Company will pay a fixed amount in the event of **Hospitalization** of the **Insured Person** arising out of a **Life-Threatening Condition** caused by **Pre-Existing Disease** whilst on an **Overseas Trip**.

General Exclusion related to **Pre-Existing Disease** under I.A.1 stands deleted for this Coverage.

1.10 Extension - Maternity Expenses

(This extension is applicable only to 1.1.a. **Base Cover - Medical Expenses – Accident and Illness and/or 1.5. Base Cover – Hospital Daily Cash** as opted for)

The Company will reimburse **Medical Expenses** incurred by the female **Insured Person**, as a result of Pregnancy, childbirth, miscarriage, abortion and complications thereof whilst on an **Overseas Trip**.

Maternity expenses shall include-

1. **Medical Expenses** traceable to childbirth (including complicated Deliveries and caesarean sections) incurred during **Hospitalisation**.
2. Expenses towards lawful medical termination of pregnancy during the **Policy / Cover Period**.
3. Pre-natal and post-natal expenses up to 30 days provided such period falls within **Policy / Cover Period** and **Policy / Cover Period End Date** whichever is earlier.
4. Expenses towards treatment of **Newborn Baby** up to the date of discharge of **Insured Person** from **Hospital**.
5. Vaccination schedule of the **Child** within one (1) year of Birth or **Policy / Cover Period End Date** whichever is earlier.

Insurance cover under this **Coverage** is available provided additional premium has been received by **the Company** for such cover and the same has been specifically mentioned on the **Policy Schedule/ Certificate of Insurance**.. Consequently, the Exclusion under - I.A.5 and I.A.7 shall not be applicable for this Cover.

Nine (9) months waiting period is not applicable for this Cover provided additional premium has been received by **the Company** for such waiver and the same has been specifically mentioned on the **Policy Schedule/ Certificate of Insurance**. Consequently, the Exclusion under - I.A.6. shall not be applicable for this Cover.

1.11 Extension - Corporate Floater

(This extension is applicable only to 1.1.a. **Base Cover - Medical Expenses – Accident and Illness** or 1.1.b. **Base Cover - Medical Expenses – Accident Only** as opted for)

The Company will provide Corporate Floater amount as mentioned in the **Policy Schedule/Certificate of Insurance**: -

- This Corporate Floater amount will be available for those **Insured Person(s)**, who have already exhausted their **Sum Insured** limit Coverage **1.1.a. Base Cover - Medical Expenses – Accident and Illness** or **1.1.b. Base Cover - Medical Expenses – Accident Only** as specified in the **Policy schedule/Certificate of Insurance**.
- **Claim** under Corporate Floater can be lodged only for Medical expenses related to Coverages **1.1.a. Base Cover - Medical Expenses – Accident and Illness** or **1.1.b. Base Cover - Medical Expenses – Accident Only** as specified in the **Policy schedule/Certificate of Insurance**, subject to

the same being admissible under Coverages **1.1.a. Base Cover - Medical Expenses – Accident and Illness** or **1.1.b. Medical Expenses – Accident Only**.

- Any approval of **Claim** from Corporate Floater shall be at the sole discretion of **Policyholder** and **The Company**.

The Corporate Floater will not be available if any Coverage is restricted by sublimit. **The Company's** Liability under Corporate Floater for an Individual **Insured Person** shall be restricted to the amount as specified in the **Policy Schedule**.

The Company's liability in aggregate for all **Claims** payable under Corporate Floater shall not exceed the amount as mentioned in the **Policy Schedule**.

1.12 Extension - Automatic Extension of Period

(This extension is applicable only to 1.1.a. **Base Cover - Medical Expenses – Accident and Illness** or 1.1.b. **Base Cover - Medical Expenses – Accident Only** as opted for)

If, **Insured Person** continues to be confined in a **Hospital** overseas after the **Policy / Cover Period** for which **The Company** has admitted its liability under Medical Expenses - 1.1.a. **Base Cover - Medical Expenses - Accident and Illness / 1.1.b. Base Cover - Medical Expenses – Accident only** and

- continued treatment overseas as an **Inpatient** in a **Hospital** is **Medically Necessary**, **Medical Expenses** will be paid till earlier of **Insured Person 's Hospital Discharge** or 30 Days after the **Policy / Cover Period** subject to balance **Sum Insured** under Medical Expenses - 1.1.a. **Base Cover - Medical Expenses - Accident and Illness / 1.1.b. Base Cover - Medical Expenses – Accident only** ; or
- If **the Company / Assistance Company and Treating physician** recommends that the treatment can be continued in an Indian **Hospital**, then **Medical Expenses** will be paid till earlier of **Insured Person 's Hospital Discharge** or 30 Days after the **Policy / Cover Period** subject to 20% of Balance **Sum Insured** under Medical Expenses - 1.1.a. **Base Cover - Medical Expenses - Accident and Illness / 1.1.b. Base Cover - Medical Expenses – Accident only**

1.13 Extension - Automatic Cover in India

(This extension is applicable only to 1.1.a. **Base Cover - Medical Expenses – Accident and Illness** or 1.1.b. **Base Cover - Medical**

Expenses – Accident Only as opted for)

If, **Insured Person** whilst on an **Overseas Trip** is suffering from an **Illness** or **Injury** claim for which is admissible under Medical Expenses - 1.1.a. **Base Cover - Medical Expenses - Accident and Illness / 1.1.b. Base Cover - Medical Expenses – Accident only / 1.10 Extension - Maternity Expenses**, and if the **Insured Person** elects to undergo the treatment for such **Injury** or **Illness** in India and the **Company / Assistance Company** approves the same then the **Company** will cover the **Medical Expenses** for such treatment in India. The Company's liability under this Extension shall not exceed 10% of Balance **Sum Insured** under Medical Expenses - 1.1.a. **Base Cover - Medical Expenses - Accident and Illness / 1.1.b. Base Cover - Medical Expenses – Accident only / 1.10 Extension - Maternity Expenses** as applicable.

The above is subject to such treatment being undertaken at a **Hospital** in India during the **Policy/Cover Period**.

2. PERSONAL ACCIDENT

The **Company's** total liability for all **Claims** admissible in aggregate under **Section 2. Personal Accident** shall not exceed the **Sum Insured** as mentioned in the **Policy Schedule / Certificate of Insurance**.

2.1 Accidental Death

2.1.a. Base Cover - Accidental Death (24 hours)

The **Company** will pay the **Sum Insured** as mentioned in **Policy Schedule / Certificate of Insurance** in the event of death of the **Insured Person** caused by an **Accident** whilst on **Overseas Trip / Trip**. The loss must occur within 12 (Twelve) months from the date of the **Accident**.

The **Company** will pay, the **Sum Insured** less any other amount paid/payable under Coverage: **2.2. Extension - Permanent Total Disability, 2.3. Extension- Permanent Partial Disability**, of this **Policy**, if these Coverages are opted under this **Policy**, as a result of the same **Accident**.

Once a **Claim** has been accepted then this Coverage shall immediately and automatically cease in respect of that **Insured Person**.

2.1.b. Base Cover - Accidental Death (Common Carrier only)

The **Company** will pay the **Sum Insured** as mentioned in **Policy Schedule / Certificate of Insurance** in the event of death of **Insured Person** caused by an **Accident** whilst on **Overseas**

Trip / Trip. Injury must occur while **Insured Person** is riding as a passenger in or on, boarding or alighting from the **Common Carrier**. The loss must occur within 12 (Twelve) months from the date of the **Accident**.

Disappearance

The **Company** will pay for Death of **Insured Person** whilst on a **Trip**, if the **Insured Person's** body cannot be located within one (1) year after the forced landing, stranding, sinking or wrecking of a **Common Carrier** in which the **Insured Person** was a passenger or as a result of any Acts of God, in which case it shall be deemed, that he shall have suffered loss of life within the meaning of the **Policy**.

Once a **Claim** has been accepted then this Coverage shall immediately and automatically cease in respect of that **Insured Person**.

2.2. Extension - Permanent Total Disability

(This extension is applicable only to 2.1.a. **Base Cover - Accidental Death (24 hours)** or 2.1.b. **Base Cover - Accidental Death (Common Carrier only)** as opted for)

The **Company** will pay such percentage of **Sum Insured** if an **Injury** caused by an **Accident**, directly and independently results in permanent total disability within twelve (12) months of the date of **Accident** during the **Overseas Trip / Trip**.

Liability under this extension shall only be admissible provided

- a. such **Injury** should result in at least one of the losses as shown in the Table of Losses-A below
- b. for any **Functional Loss** such **Functional Loss** has continued for a period of twelve (12) consecutive months and is total, continuous and permanent at the end of this period.

The **Company** will pay such percentage of **Sum Insured** less any other amount paid/payable under Coverage:

2.3. Extension - Permanent Partial Disability of this Policy, if these Coverages are offered under this Policy, as a result of the same Accident.

Once a **Claim** has been accepted and 100% **Sum Insured** has been paid then this Coverage shall immediately and automatically cease in respect of that **Insured Person**.

Table of Losses -A

Type of Permanent Total Disability -	% of Sum Insured (as specified in Policy Schedule / Certificate of Insurance)
Actual Loss by physical separation or Functional Loss of both Hands or Both Feet	100%
Actual Loss by physical separation or Functional Loss of sight of Both Eyes	100%
Actual Loss by physical separation or Functional Loss of one Hand and One Foot	100%
Actual Loss by physical separation or Functional Loss of either Hand or Foot and Sight of One Eye	100%
Loss of Speech and Hearing in Both Ears	100%
Actual Loss by physical separation or Functional Loss of either Hand or Foot	50%
Loss of Sight of One Eye	50%
Loss of Speech	50%
Loss of Hearing in Both Ears	50%
Actual Loss by physical separation or Functional Loss of Thumb and Index Finger of Same Hand	25%
Quadriplegia	100%
Paraplegia	100%
Hemiplegia	100%
Uniplegia	50%

- a. The criteria for deciding **Functional Loss** of body part for the permanent total disability shall be based on a certificate from treating medical practitioner's certificate / disability certificate from civil surgeon.
- b. **Functional Loss** for the purposes of this Extension means **Injury** due to **Accident** leading to loss and the total and permanent inability to perform all the usual and customary duties and activities of a person of like age and sex.
- c. "Loss" with regard to
 - (a) Hand or Foot means actual severance through or above the

wrist or ankle joints.

- (b) Eye means entire and irrecoverable loss of sight.
- (c) Thumb and Index Finger means actual severance through or above the joint that meets the hand at the palm.
- (d) Speech or Hearing means entire and irrecoverable loss of speech or hearing of both ears

2.3. Extension - Permanent Partial Disability

(This extension is applicable only to 2.1.a. **Base Cover - Accidental Death (24 hours)** or 2.1.b. **Base Cover - Accidental Death (Common Carrier only)** as opted for)

The Company will pay a specified percentage of the **Sum Insured** as mentioned in **Policy Schedule / Certificate of Insurance** for **Injury** because of an **Accident**, directly and independently resulting in Permanent Partial Disability within twelve (12) months of the date of **Accident** during the **Overseas Trip/ Trip** provided such disability and is total, continuous and permanent, as mentioned in Table of Losses –B.

If the **Insured Person** suffers more than one of the below mentioned loss as a result of the same **Accident**, **the Company** will add the percentages of each disability. However, **the Company** will not pay more than 100% of the **Sum Insured** stated in the **Policy**.

If a **Claim** is admitted under **2.2 Extension - Permanent Total Disability**, then no **Claim** can be admitted under this Coverage which arises out of the same **Accident**.

Once a **Claim** has been accepted and 100% **Sum Insured** has been paid then this Coverage shall immediately and automatically cease in respect of that **Insured Person**

Table of Losses- B

	Type of Permanent Partial Disability	Percentage (%)of Sum Insured (as specified in Policy Schedule / Certificate of Insurance)
1.	Loss of toes – all	20%
2.	Loss of Great Toe	5%
3.	Other than great toe, if more than one toe lost, each	1%
4.	Loss of Hearing – both ears	50%
5.	Loss of hearing – one ear	25%

6.	Loss of four fingers and thumb of one hand	40%
7.	Loss of four fingers	25%
8.	Loss of thumb	15%
9.	Loss of index finger	10%
10.	Loss of middle finger	6%
11.	Loss of ring finger	5%
12.	Loss of little finger	4%

“Loss” with regard to:

(a) Toe, Finger, Thumb means actual complete severance from the foot or Hand.

(b) Hearing means entire and irrecoverable loss of hearing.

Exclusions Specific to this Coverage 2 – Personal Accident:

In addition to the General Exclusions listed in this **Policy** this Coverage shall not cover: -

- Claim** which arises out of an **Accident** connected with the operation (including Flying, mounting, dismounting) of an aircraft or which occurs during parachuting except when the **Insured Person** is flying as a Fare Paying passenger in a multiengine, commercial aircraft.

ASSISTANCE SERVICES – (applicable to this Policy and Add ons wherever opted for)

The **Company** will provide the **Insured Person** with the following Assistance Services as opted:

- Medical Assistance** - As soon as the **Assistance Company** is notified of a **Medical Emergency** resulting from **Insured Person’s Accident**, the **Assistance Company** will contact the medical facility or location where the **Insured Person** is located and confer with the **Medical Practitioner** at that location to determine the best course of action to be taken. If possible and if appropriate, **Insured Person’s Medical Practitioner** will be contacted to help arrive at a decision as to the best course of action to be taken. The **Assistance Company** will then organize a response to the medical emergency, doing whatever is appropriate, including, but not limited to, recommending or securing the availability of services of a local **Medical Practitioner** and arranging **Hospitalisation** of the **Insured Person** where, in its discretion, deems such **Hospitalisation** is appropriate.
- Medical Evacuation** - When, in the opinion of the **Assistance**

Company's medical panel, it is judged medically appropriate to move the **Insured Person** to another location for treatment or return the **Insured Person** to the **Insured Person's Usual Place of Residence**, the **Assistance Company** will arrange the evacuation, utilizing the means best suited to do so, based on the **Emergency Medical Evacuation** of the seriousness of The **Insured Person's** condition, and these means may include air **Ambulance**, surface **Ambulance** regular airplane, rail, road or other appropriate means. All decisions as to the means of **Transportation** and final destination will be made by the **Assistance Company**.

- c. **Repatriation** - the **Assistance Company** agrees to make the necessary arrangements for the return of **Insured Person's** remains to the **Insured Person's Usual Place of residence** in the event of the **Insured Person's** death while this service agreement is in effect as to the **Insured Person**.
- d. **Legal Assistance** - If **Insured Person** is arrested or are in danger of being arrested as a result of any non-criminal action resulting from responsibilities attributed to, **Assistance Company** will, if required, provide the **Insured Person** with the name and address of an attorney who can represent him in any necessary legal matters. (applicable if the specific Add-on Cover has been opted for)
- e. **Lost / Stolen Luggage and Personal Effects or Lost passport Assistance-** the **Assistance Company** will assist the **Insured Person** who has lost the **Insured Person's** luggage or passport while traveling by contacting the appropriate authorities involved and providing directions for recovery. (applicable if the specific Add-on Cover has been opted for)
- f. **Lost Travel Document / Credit Card Assistance-** In the event of a lost travel document or credit card, the **Assistance Company** will assist **Insured Person** by providing directions on reporting the loss and requesting for replacement. (applicable if the specific Add-on Cover has been opted for)
- g. **Emergency Message Transmission Assistance** - the **Assistance Company** shall use its best efforts to transmit messages or medical information, upon the **Insured Person's** request and consent, to the **Insured Person's** friends, **Immediate Family Member** and/or Business associates.
- h. **Product & Claims Information Services** - the **Assistance Company** will provide information, in accordance with a protocol to be mutually agreed, on general **Claims** procedures and main

product features to the **Insured Person**, when requested and if available. Should the **Assistance Company** not have the information available, the **Assistance Company** will direct the **Insured Person** to contact **The Company** directly.

- i. **Emergency Travel Services** - to assist the **Insured Person** by arranging for emergency travel tickets, replacements of travel tickets and arrangement of hotel accommodation when traveling outside **Usual Place of Residence**.
- j. **Emergency Cash Transfers and Advances** - The **Assistance Company** will arrange for cash payments to **Insured Person** through a variety of sources including credit cards, hotels, banks, consulates and Western Union. The **Assistance Company** provides this service to supplement the facilities of **Insured Person's** Credit Cards. Credit Card transaction performed by the **Assistance Company** are subject to confirmed Credit. (applicable if the specific Add-on Cover has been opted for)

Disclaimer of Liability

In all cases the medical professional or any attorney suggested by the **Assistance Company** shall act in a medical or legal capacity on behalf of the **Insured Person** only. The **Assistance Company** assumes no responsibility for any Medical Advice or legal counsel given by the medical professional or attorney. **Insured Person** shall not have any recourse to the Assistance Company by reason of its suggestion of a medical professional or attorney or due to any legal or other determination resulting therefrom.

The **Insured Person** is responsible for the cost of services arranged by the **Assistance Company** on behalf of **Insured Person** or a covered **Immediate Family Member**. The **Assistance Company** will access this **Policy** and/or other insurance **Policy** coverages, to which the **Insured Person** may be entitled, and/or the **Insured Person's** credit cards or other forms of financial guarantees provided by the **Insured Person**, in order to facilitate payment for such services.

In case **the Company** or the Assistance Service Provider fails to provide any of the services as mentioned in this **Policy** or is unable to implement , in whole or in part due to Force Majeure , non-availability of Services, change in law, rule or regulations which effects the Services, or if any regulatory or governmental agency having jurisdiction over a party takes a position which effects the services , then the Assistance Services' suspended, curtailed or limited performance shall not constitute of Breach of Contract and the Company or the Assistance Service Provider shall have no liability whatsoever including but not limited to any loss or damage resulting therefrom

EXCLUSIONS (Applicable to this Policy and Add-ons wherever opted for)

I. SPECIFIC EXCLUSIONS:-

A. EXCLUSIONS SPECIFIC TO THE POLICY WHICH CAN BE WAIVED OFF BY OPTING FOR AN ADD-ON / EXTENSION COVER ON PAYMENT OF ADDITIONAL PREMIUM

The Company will not be liable to make any payment for any **Claim** under the **Policy** in respect of an **Insured Person**, caused by, arising from or in any way attributable to any of the following, except where provided to the contrary under any Coverage(s) within the **Policy**:

1. **Life threatening Condition** due to **Pre-existing Disease**.
2. **Pre-existing Disease** or its complication excluding any **Life-threatening Condition**.
3. **Insured Person's** participation in **Adventure Sports** for Leisure performed under expert supervision of trained professional
4. Loss, **Damage** cost or expense of whatsoever nature caused by, resulting from or in connection with any **Act of Terrorism** regardless of any other cause or event contributing concurrently or in any other sequence to the loss.
5. Loss resulting in or contributed or aggravated or prolonged by childbirth or from pregnancy
6. Maternity expenses within Nine (9) months waiting period within the **Policy / Cover Period**
7. Vaccinations except post-bite Treatment.

B. STANDARD EXCLUSIONS APPLICABLE TO ALL POLICY AND ADD-ONS

The Company will not be liable to make any payment for any **Claim** under the **Policy** in respect of an **Insured Person**, caused by, arising from or in any way attributable to any of the following:

1. The radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment.
2. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel
3. Losses due to war or any act of war, invasion, act of foreign enemy, civil war, public defense, rebellion, revolution,

insurrection, military or usurped acts, nuclear weapons/ materials, Chemical and biological weapons, Ionizing radiation.

C. EXCLUSIONS SPECIFIC TO THIS POLICY AND ITS ADD-ONS WHICH CANNOT BE WAIVED

The Company will not be liable to make any payment for any **Claim** under the **Policy** in respect of an **Insured Person**, caused by, arising from or in any way attributable to any of the following:

1. Where the **Insured Person** is travelling against the advice of a **Medical Practitioner**; or receiving or on a waiting list for receiving specified medical treatment; or is travelling for the purpose of obtaining treatment; or has received a terminal prognosis for a medical condition.
2. Any **Claim** occurring in a geographic zone/country which is not specifically covered under the **Policy** and is not mentioned in the **Policy Schedule/ Certificate of Insurance**
3. Suicide, attempted suicide (whether sane or insane) or intentionally self-inflicted **Injury** or **Illness**.
4. Certification / diagnosis / Treatment by a family member, or a person who stays with the **Insured Person**, or from persons not registered as Medical Practitioners under the respective Medical Councils, or from a Medical Practitioner who is practicing outside the discipline that he is licensed for, or any diagnosis.
5. Treatment that is not scientifically recognised or Unproven/ Experimental treatment, or any form of clinical trials or any kind of self-medication and its complications.
6. Rest or recuperation at a spa or health resort, sanatorium, convalescence home or institution.
7. Any form of Alternative Treatment: AYUSH Treatment; Hydrotherapy, Acupuncture, Reflexology Treatment or any other form of indigenous system of medicine.
8. Any expenses incurred in connection to Treatment for general debility, ageing, convalescence, sanatorium Treatment, rehabilitation measures, private duty nursing, respite care, health resort, rundown condition or rest cure.
9. Circumcision unless necessary for Treatment of an **Illness** or **Injury** not excluded hereunder or due to an Accident.
10. Associated expenses for alopecia, baldness, wigs, or toupees and hair fall treatment and products, issue of medical

- certificates and examinations as to suitability for employment or travel.
11. Any injury, Accident, illness or any other loss sustained or contracted or caused by the Insured Person as a consequence of the Insured Person being intoxicated or being under the influence of any narcotic or drug or alcohol.
 12. Participation in an actual or attempted felony, riot, crime, misdemeanor, or civil commotion.
 13. Operating or learning to operate any aircraft or performing duties as a member of the crew on any aircraft or **Scheduled Airline**.
 14. Any loss due to the release, dispersal or application of pathogenic or poisonous biological or chemical materials.
 15. External Congenital anomalies or any complications or conditions arising there from.
 16. Any **Insured Person's** participation in **Adventure sports** without expert supervision of trained professional or participation in **Professional Sports**
 17. **Insured Person's** actual or willful participation in, an illegal act or any violation or attempted violation of the law.
 18. Any loss caused by osteoporosis (porosity and brittleness of the bones due to loss of protein form the bones matrix) or pathological fracture (any fracture in an area where **Pre-existing Disease** has caused the weakening of the bone) if osteoporosis or bone Disease diagnosed prior to the **Policy / Cover Period**.
 19. Confinement in a **Hospital** which is not medically necessary..
 20. In respect of travel by the **Insured Person** to any country against whom the Republic of India has imposed general or special travel restrictions, or against whom it may be imposed such restrictions, or any country which has imposed or may impose subsequently, such restrictions against travel by a citizen of the Republic of India to such country.
 21. All sexually transmitted diseases including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis and any condition caused by or associated with them
 22. Any non-medical expenses (list enclosed – Annexure I).

GENERAL TERMS AND CLAUSES

i. SPECIFIC TERMS AND CLAUSES

A. Medical Sub-limit cover:

The Company's liability under the Coverage **1.1.a. Base Cover - Medical Expenses - Accident and Illness and / or 1.1.b. Base Cover -Medical Expenses – Accident only** and/or **1.2. Extension - Emergency Medical Evacuation and / or 1.3. Extension - Repatriation of Mortal Remains and/ or 1.11. Extension - Corporate Floater** during a **Trip** shall be sub limited basis one or combination of the following as mentioned in the **Policy Schedule / Certificate of Insurance**.

- **Age** of the **Insured Person**
 - **Any one Illness / Injury** or both
 - Geographical cover
 - Disease category
 - **Pre-existing Disease**
 - Per **Claim**
 - Any one event
 - **Sum Insured** sub-limits –
- a. **Medically Necessary** charges towards **Hospital** Room and Boarding, **Intensive Care Unit, Surgery**
- b. Diagnostic tests towards diagnostic methods necessary for the treatment of the **Insured Person**
- c. **Ambulance** service

In case of multiple parameters opted for sub-limits in same **Claim**, then lower value of the sub-limit shall apply.

B. Medical Tests:

Cost of medical tests (if required) need to be borne by the proposer. Proposals based on their age will be advised on pre acceptance Medical Tests

C. Condition Precedent:

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

The fulfilment of the terms and conditions of this **Policy/Certificate of Insurance** (including the payment of premium by the due dates mentioned in the **Schedule/ Certificate of Insurance**) insofar as they relate to anything to be done or complied with by **Insured Person** shall be conditions precedent to **the Company's** liability.

D. Entire contract:

This Policy, its Schedule, **Certificate of Insurance**, endorsement(s), proposal/enrolment form constitutes the entire contract of insurance. No change in this **Policy / Certificate of Insurance**

shall be valid unless approved by **the Company** and such approval be endorsed hereon.

This Policy and the **Schedule/Certificate of insurance** shall be read together as one contract and any word or expression to which a specific meaning has been attached in any part of this **Policy** or of the **Policy Schedule / Certificate of Insurance** shall bear such meaning wherever it may appear.

E. **Group Policyholder**

The Group **Policyholder** shall take all reasonable steps to cover their members for whom coverages have been offered by **the Company** and ensure timely receipt of premium by **the Company** in respect of each of the members covered. The Group **Policyholder** will neither charge more premium nor alter the scope of coverage offered under this **Policy**.

This **Policy** will be issued to the Group **Policyholder** and Certificates will be issued to individual members wherever applicable.

The Company reserves the right to inspect the record at any time to ensure that terms and condition of Group **policy** and provisions of IRDAI group guidelines contained in Circular Ref: 015/IRDA/Life / Circular / GI Guidelines / 2005 and any amendments thereto are being adhered. **The Company** may also require submission of Certificate of compliance from the Auditors of Group **Policyholder**. The Group **Policyholder** will ensure compliance of Guidelines as prescribed by IRDAI from time to time including but not limited to - Circular Ref: 015/IRDA/Life / Circular / GI Guidelines / 2005

F. **Fraud:**

The Company will not be liable to pay under the **Policy** if any **Claim** is in any manner dishonest or fraudulent or is supported by any dishonest or fraudulent means or devices, whether by **Policyholder** or any **Insured Person** or anyone acting on behalf of **Policyholder** or an **Insured Person**.

In the event of fraud done by a primary member/his dependents, in case of employer-employee / non employer - employee policies, the coverage in respect of that **Insured Person** and his dependents shall be terminated and there shall be no refund of **Insured Person's** premium. Subsequent to this, such **Insured person/s** shall not be covered even during **Renewals**.

G. **Mis-representation or non-disclosure of material facts:**

In case of employer-employee policies, if any mis-representation or non-disclosure of material facts or incorrect coverage or **Claim** experience information provided at the time of request for proposal, the **Policy** shall be void ab-initio without any premium refund.

In case of non-employer-employee policies, **the Company** will not be liable to pay under the **Policy** if any Mis-representation or non-disclosure of material facts is noted at the time of **Claim** or otherwise, whether by **Policyholder** or any **Insured Person** or anyone acting on behalf of **Policyholder** or any **Insured Person**, and **Certificate of Insurance** shall be void ab-initio without any premium refund.

H. **Other Insurance:**

If at the time when any **Claim** is made under this **Policy**, the **Insured Person** has two or more policies from one or more Insurers to indemnify treatment cost, which also covers any **Claim** (in part or in whole) being made under this **Policy**, then the **Insured Person** shall have the right to require a settlement of such **Claim** in terms of any of **Insured Person's** policies.

The insurer so chosen by the **Insured Person** shall settle the **Claim**, as long as the **Claim** is within the limits of and according to terms of the chosen **Policy**.

Provided further that, If the amount to be claimed under the **Policy** chosen by **Insured Person**, exceeds the **Sum Insured** under a single **Policy** after considering the **Deductibles** or co-pay (if applicable), the **Insured Person** shall have the right to choose the insurers by whom **Claim** is to be settled.

The **Insured Person** has also had the right to prefer **Claims** under the **Policy** chosen by the **Insured Person** for amounts disallowed under the earlier chosen **Policy(ies)** even if the **Sum Insured** is not exhausted

I. **Renewal conditions:**

The **Policy** may be renewed with **The Company's** consent. The **Coverages** under the **policy** or/and the terms and conditions of the **Policy**, including premium rate may be subject to change.

The **Policy** will be renewable provided premium has been paid on or before the **Renewal** due date.

The Company, however, is not bound to give notice that it is due for **Renewal**. Unless renewed as herein provided, this **Policy** shall terminate at the **Policy / Cover Period End Date** for which premium has been paid.

J. **Withdrawal:**

In the likelihood of this product being withdrawn in future, the Company will intimate Policyholder/Insured Person about the same at least 3 months prior to expiry of the Policy/Certificate of Insurance.

K. **Notices:**

Any notice, direction or instruction under this **Policy** shall be in writing and if it is to:

- Any **Insured Person**, then it shall be sent to **Policyholder / Insured Person** at **Policyholder / Insured Person's** address specified in the **Policy Schedule / Certificate of Insurance** to this **Policy Schedule / Certificate of Insurance** and **Policyholder / Insured Person** shall act for all **Insured Persons** for these purposes.
- **The Company**, it shall be delivered to **The Company's** address specified in the **Policy Schedule / Certificate of Insurance**. No insurance agents, brokers or other person or entity is authorised to receive any notice, direction or instruction on **The Company's** behalf unless **the Company** have expressly stated to the contrary in writing.

L. **About Period including Extension:**

In no event **Coverages** will be provided to **Insured Person** by **the Company** after **Policy / Cover Period End Date** or completion of **Trip / Overseas Trip** whichever is earlier.

If **Insured person's Overseas trip** is extended solely due to delay of **Public Transport** and beyond the control of the **Insured Person** and recommended by **the Company/ Assistance Company**, then **the Company** will continue to provide the Coverages under this **Policy/Certificate of Insurance** for a period not exceeding 7 days beyond **Policy Period End Date/Cover Period End Date** however **the Company** shall not be liable for any **Claims** arising under Coverage **1. Medical Contingencies** during such extension.

Policyholder/Insured Person can extend the **Cover Period** under a specific **Certificate of Insurance** prior to its expiry date subject to **The Company's** Underwriting Guidelines and no **Claim** being reported under such **Certificate of Insurance**, provided that the additional premium for such extension is received before **Cover Period End Date**.

Extension in **Cover Period** is applicable only in **Single Trip** Policies subject to the total **Cover Period** including extension not exceeding 365 days.

If the **Insured Person** has travelled for the purpose of migration, then coverage shall be available only for 60 days from Trip Start Date subject to **Cover / Policy Period End Date**.

If the **Insured Person** is already outside India and his **Policy Schedule/Certificate of Insurance** is insured with **the Company** without any break then in such circumstances the requirement of Trip Commencement from India is waived.

M. **Alterations in the Policy:**

This **Policy** constitutes the complete contract of insurance. No change or alteration will be effective or valid unless approved in writing which will be evidenced by a written endorsement, signed and stamped by **The Company**.

N. Policy Currency: All payments under this **Policy** will only be made in Indian Currency.

O. Cancellation/Termination of the Policy:

Single Trip:

Any **Policy / Certificate of Insurance** issued under a **Single Trip Policy** or its extensions are non-cancellable and non-refundable after the commencement of **Trip** or if any **Claim** has been lodged under such **Policy / Certificate of Insurance**

In the event of Cancellation of **Policy /Certificate of Insurance** prior to commencement of **Trip**, **the Company** will deduct INR 200/-(Rupees Two Hundred only) towards cancellation charges before refunding the premium amount, subject to there being no **Claim** made under the **Certificate of Insurance**. However in Policies where the following **Coverages** are opted no Premium will be refunded:

3.10 Add-on -Fare Lock, 3.11 Add-on -Fare Dip, 3.17 Add -on -Visa Rejection.

Annual Multi Trip:

Any **Policy / Certificate of Insurance** issued under **Annual Multi Trip Policy** are non-cancellable and non-refundable if any **Claim** has been lodged under such **Policy / Certificate of Insurance**.

a. In the event of Cancellation of **Policy /Certificate of Insurance** prior to commencement of **Policy / Cover**, **the Company** will deduct INR. 200/-(Rupees Two Hundred only) towards cancellation charges before refunding the premium amount, subject to there being no **Claim** made under the **Policy/Certificate of Insurance**.

b. If **Insured Person** cancels the **Policy / Certificate of Insurance** after **Policy/Cover Period Start date**, the refund premium shall be computed in accordance with short rate table as mentioned below.

Short rate table -	
Period on risk	% Refund Premium
Up to 1 month	3/4th of the annual rate
Up to 3 months	½ of the annual rate
Up to 6 months	1/4th of annual rate
Exceeding 6 months	Nil

In the event the **Policy/Certificate of insurance** is terminated on grounds of non-cooperation of the **Insured Person** the premium shall be computed in accordance with short rate table for the period the **Policy** has been in force, upon 15 days notice by sending an endorsement to **Insured Person** address shown in the **Schedule** provided no claim has occurred up to the date of termination. In the event a claim has occurred in which case there shall be no return of premium.

P. Person Records to be maintained

The **Policyholder/ Insured Person** shall keep an accurate record containing all relevant medical records and shall allow **The Company** or its representative(s) to inspect such records. The **Policyholder/ Insured Person** shall furnish such information as **The Company** may require under this **Policy** at any time during the **Policy /Cover Period** and up to three years after the **Policy** expiration, or until final adjustment (if any) and resolution of all **Claims** under this **Policy**.

Q. Arbitration:

If any dispute or difference shall arise as to the quantum to be paid by the **Policy**, (liability being otherwise admitted) such difference shall independently of all other questions, be referred to the decision of a sole arbitrator to be appointed in writing by the parties here to or if they cannot agree upon a single arbitrator within thirty days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act 1996, as amended by Arbitration and Conciliation (Amendment) Act, 2015 (No. 3 of 2016).

It is clearly agreed and understood that no difference or dispute shall be preferable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of the policy.

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

R. Subrogation:

Unless specifically and separately stated in the schedule, the **Policyholder/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 that may be necessary or reasonably required by **the Company** for the purpose of enforcing any right and remedies or obtaining relief or indemnity from other parties to which **the Company** shall be or would become entitled or subrogated upon **the Company** paying for or making good any loss or damage under this **Policy** whether such acts and things shall be or become necessary or required before or after the **Policyholder's/Insured Person's** indemnification by **the Company**.

This clause will not be applicable to covers related to Coverage 1- Medical Contingencies and Coverage 2- Personal Accident and their related Extensions.

S. Complete discharge

Payment made by **The Company** to the **Policyholder/** adult **Insured Person** or the Nominee or to the **Hospital**, as the case may be, of any **Medical Expenses** or **Compensation** or benefit under the **Policy** shall in all cases be complete and construe as an effectual discharge in favour of **The Company**.

T. Dispute Resolution Clause

Any and all disputes or differences under or in relation to this Policy shall be determined by the Indian Courts and subject to Indian law.

OTHER TERMS AND CONDITIONS

CLAIM PROCEDURE AND DOCUMENTS

A. Intimation & Assistance

Insured Person can notify a Claim by sending an SMS CLAIMS to 5616181 or by calling The Company's 24x7 toll free helpline 1800-266 7780 Or email The Company at general.claims@tataaig.com

24-hour Assistance Contact:

1. For Excluding Americas Policies:

Call: +91 – 022 68227600

Email - EA.TATAclaims@europassistance.in

2. For the Americas Policies:

Please call: +1-833-440-1575 (Toll free within US and Canada)

Email - tata.aig@europ-assistance.in

The Company's Service Center is equipped to provide **Insured Person** with the necessary guidance in **Insured Person 's** situation and will direct **Insured Person** on **Claims** procedure.

This is a General Check-list of documents, please check for availability of coverage under the **Policy**.

Coverage No.	COVERAGE	Documents required
1	Medical Contingencies	
1.1	Medical Expenses	
1.1.a	Base Cover-Medical Expenses - Accident and Illness	2. Claim form duly completed and signed by the Insured Person
1.1.b	Base Cover-Medical Expenses - Accident Only	3. Copy of passport/Visa with Entry & exit stamp
1.2	Extension-Emergency Medical Evacuation	4. Copy of Ticket & Boarding Pass with original scheduled itinerary and date of booking.
1.3	Extension-Repatriation of Mortal Remains	5. Copy of cancelled cheque/ NEFT form
1.4	Extension-Treatment of Mental and Nervous Disorders	6. Copy of Medical records/ discharge summary in case of Hospitalisation / treating doctor's report and Prescription if applicable
1.5	Base Cover-Hospital Daily Cash	7. Original Bills/Receipts
1.6	Extension - Post-Hospitalisation expenses	8. Copy of diagnostic reports/Pathological/ Radiological reports, if any
1.7	Extension-Emergency Dental Expense	9. Copy of Death Certificate (Repatriation of Remains)
1.8	Well-Being Expenses	10. Attested Postmortem report / Coroner's report where necessary (Repatriation of Remains)
1.8.a	Extension-Outpatient Expenses	
1.8.b	Extension-Recuperation Expenses	
1.8.c	Extension-Routine Check-Up	
1.9	Extension-Pre-Existing Disease Cover for a Life Threatening Condition	

1.10	Extension-Maternity Expenses	<ol style="list-style-type: none"> 11. Funeral Certificate along with original bills/ receipt towards funeral expenses. (Repatriation of Remains) 12. Proof that Claim under Coverage 1.1.a. Base cover - Medical Expenses - Accident and Illness / or 1.1.b. Base Cover - Medical Expenses - Accident Only (Base Cover-Hospital Daily cash, Extension - Post-Hospitalisation expenses)
1.11	Extension-Corporate Floater	<ol style="list-style-type: none"> 1. Details of the insured Person and his expenses which has been admitted in Claims applicable under the above Sections. 2. Confirmation from the Medical Practitioner over estimated expenses
1.12	Extension-Automatic extension of Period	<ol style="list-style-type: none"> 1. In addition to Proof submitted under 1.1.a and / or 1.1.b and / or 1.10, proof from Medical Practitioner that Continued Treatment is necessary with estimated no, of days of treatment required 2. The Company / Assistance Company recommendation that treatment can be done in India 3. Copy of Medical records/ discharge summary in case of hospitalization / treating doctor's report and Prescription if applicable
1.13	Extension-Automatic Cover in India	

		<ol style="list-style-type: none"> 5. Copy of diagnostic reports/Pathological/Radiological reports, if any 6. Copy of passport/Visa with Entry & exit stamp 7. Copy of cancelled cheque/NEFT form
2	Personal Accident	
2.1	Accidental Death	
2.1.a	Base Cover-Accidental Death (24 Hours)	<ol style="list-style-type: none"> 1. Claim form duly completed and signed by the Insured Person
2.1.b	Base Cover-Accidental Death (Common Carrier Only)	<ol style="list-style-type: none"> 2. Copy of passport/Visa with Entry & exit stamp 3. Copy of cancelled cheque/NEFT form 4. Copy of Medical records/ discharge summary in case of Hospitalisation/ treating doctor's report and Prescription if applicable 5. Original Bills/Receipts 6. Copy of diagnostic reports/Pathological/Radiological reports, if any 7. Copy of Death Certificate with cause of death 8. Attested Postmortem report / Coroner's report 9. Attested copy of FIR/ Police Inquest report / Police Panchanama, where applicable. 10. Copy of Ticket & Boarding Pass with original scheduled itinerary

2.2	Extension-Permanent Total Disability	1. Claim form duly completed and signed by the Insured Person
2.3	Extension-Permanent Partial Disability	2. Copy of passport/Visa with Entry & exit stamp 3. Copy of cancelled cheque/ NEFT form 4. Copy of Ticket & Boarding Pass with original scheduled itinerary and date of booking. 5. Copy of Medical records/ discharge summary in case of Hospitalisation/ treating doctor's report and Prescription if applicable. 6. Original Bills/Receipts. 7. Copy of diagnostic reports/Pathological/ Radiological reports, if any 8. Certificate from competent medical authority / Doctor like Civil Surgeon, confirming the Disability - percentage of disability/ period and prognosis 9. Attested copy of FIR/ Police Inquest report / Police Panchanama/ Medico-legal certificate, where applicable

Note: **The Company** may call for additional documents/ information as relevant.

If any **Hospital** does not submit a bill to **Insured Person** for the treatment/service rendered, please intimate **The Company's** Service Center before **Insured Person** leave the **Hospital**.

Kindly submit all the requested documents at the address mentioned below:

Claims Department

Tata AIG General Insurance Co. Ltd.,
A-501, 5th Floor, Building No.4,
Infinity Park, Gen. A.K. Vaidya Marg,
Dindoshi, Malad (East)
Mumbai 400 097

B. Claim Notification

It is a condition precedent to **The Company's** liability hereunder that notice of **Claim** must be given by the **Insured Person** to **The Company** within seven (7) days after an actual or potential loss occurs or as soon as reasonably possible and in any event no later than (30) Days after an actual or potential loss occurs.

The fulfillment of the terms and conditions of this **Policy** (including payment of premium by the due dates mentioned in the **Policy Schedule / Certificate of Insurance**) insofar as they relate to anything to be done or complied with by the **Insured Person(s)**, including complying with the procedures and requirements in relation to **Claims**, shall be Conditions Precedent to **The Company** liability under this **Policy**.

For details on the **Claims** procedures and requirements or any assistance during the process, **The Company** may be contacted at **The Company** call centre on the toll free number as specified below.

In case of **Claim** the **Insured Person** must:

- take immediate steps to protect, save and/or recover the covered property;
- give immediate notice to the carrier or bailee who is or may be liable for the loss or damage;
- notify the police or other appropriate authority in the case of **Robbery** or **Theft** within 24 hours.

C. Scrutiny of Claim Documents

The Company / Assistance Company shall scrutinize the **Claim** and accompanying documents. Any deficiency of documents shall be intimated to **Insured Person**

D. Other Claims Requirements:

- a. If any **Claim** is not made within the time period set out B.Claim notification, **The Company** condones such delay on merits only where the delay has been proved to be for reasons beyond the claimant's control.
- b. **The Company** representatives must be given all cooperation in investigating the **Claim** in order to assess **The Company's** liability and quantum in respect of such **Claim**.
- c. If requested by **The Company** and at **The Company's** cost, the **Insured Person** must submit to medical examination by **The Company** nominated **Medical Practitioner** as often as **The Company** consider reasonable and necessary and **The Company** representatives must be permitted to inspect the Medical and **Hospitalisation** records pertaining to the **Insured Person's Injury** and treatment and to investigate the facts surrounding the **Claim**.
- d. The directions, advice and guidance of the treating **Medical Practitioner** shall be strictly followed. **The Company** shall not be obliged to make any payments that are brought about or contributed to as a consequence or failure to follow such directions, advice or guidance.

E. Claims Payment:

- a. **The Company** shall be under no obligation to make any payment under this **Policy** unless **The Company** have received all premium payments in full and on time in respect of the **Insured Person's Cover** under the In-built Coverage and all applicable Coverages and all payments have been realized. **The Company** shall settle or reject a **Claim**, as the case may be, within 30 days from the date of receipt of last necessary document.
- b. In the case of delay in the payment of a **Claim**, **the Company** shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of **Claim** at a rate 2% above the bank rate.
- c. However, where the circumstances of a **Claim** warrant an investigation in the opinion of **the Company**, it shall initiate and complete such investigation at the earliest in any case not later than 30 days from the date of receipt of last necessary document. In such cases, **the Company** shall settle the **Claim** within 45 days from the date of receipt of last necessary document.
- d. In case of delay beyond stipulated 45 days **the company** shall be liable to pay interest at a rate 2% above the bank

- rate from the date of receipt of last necessary document to the date of payment of **Claim**.
- e. All **Claims** will be settled in accordance with the applicable regulatory guidelines, including IRDAI (Protection of **Policy** holders Interests Regulation), 2017
 - f. The payment of any **Claim** under this Coverage will be in Indian Rupees based on the rate of exchange as on the date of invoice, published by Reserve Bank of India (RBI) and shall be used for conversion of foreign currency into Indian Rupees for **Claims** payment. If these rates are not published on the date of invoice, the exchange rate next published by RBI shall be considered for conversion.
 - g. Payment of Claims: All payments to be made by **the Company** shall be paid to **Insured Person** in the **Policy** and such payments shall be subject to the laws and regulations then in effect in the **Policy**.
 - h. Admissibility of Claim: any **Claim** to be admissible under this **Policy**, the Date of loss should be within the **Policy** Period unless otherwise provided.

GRIEVANCE LODGEMENT STAGE

The Company is committed to extend the best possible services to its customers. However, if the **Insured Person** is not satisfied with **The Company's** services and wish to lodge a complaint, please feel free to contact **The Company** through below channels:

Call **The Company** 24X7 toll free helpline 1800 266 7780 or 1800 22 9966

(Senior Citizen) Email **The Company** at customersupport@tataaig.com

Write to **The Company** at: Customer Support, Tata AIG General Insurance Company Limited

A-501 Building No. 4 IT Infinity Park, Dindoshi, Malad (E), Mumbai - 400097

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

Level 1

For lack of a response or if the resolution still does not meet **Insured Person's** expectations, **Insured Person** can write to manager.customersupport@tataaig.com. After investigating the matter internally and subsequent closure, **The Company** will send response within a period of 8 days from the date of receipt of **Insured Person's** complaint.

Escalation Level 2

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

matter, **The Company** will send **Insured Person** **The Company's** response within a period of 7 days from the date of receipt of **Insured Person's** complaint. Within 30 days of lodging a complaint with us, if **Insured Person** do not get a satisfactory response from **The Company** and **Insured Person** wish to pursue other avenues for redressal of grievances, **Insured Person** may approach Insurance Ombudsman appointed by IRDA of India under the Insurance Ombudsman Scheme. Given below are details of the Insurance Ombudsman located at various centers.

Nodal Officer

Please visit **The Company's** website at www.tataaig.com to know the contact details of the nodal officer for Insurer's servicing branch.

Grievance Redressal Procedure:

Office of the Ombudsman	Address & Contact details	Jurisdiction of Office Union Territory, District
AHMEDABAD	Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad - 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU	Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27- N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru - 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka
BHOPAL	Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal - 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh, Chattisgarh

Office of the Ombudsman	Address & Contact details	Jurisdiction of Office Union Territory, District
BHUBANESHWAR	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
CHANDIGARH	Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 - D, Chandigarh - 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh
CHENNAI	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI - 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu Puducherry Town and Karaikal (which are part of Puducherry)
DELHI	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in	Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh
GUWAHATI	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati - 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.

Office of the Ombudsman	Address & Contact details	Jurisdiction of Office Union Territory, District
JAIPUR	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan
ERNAKULAM	Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe - a part of Pondicherry
KOLKATA	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands
LUCKNOW	Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar

Office of the Ombudsman	Address & Contact details	Jurisdiction of Office Union Territory, District
MUMBAI	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane
NOIDA	Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P.-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshahr, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur
PATNA	Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand
PUNE	Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune - 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region

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

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

Insurance is the subject matter of the solicitation". Please read the **Policy** wordings carefully before concluding the sale.

Annexure I

List I – Excluded Items

Sl. No.	Item
1	BABY FOOD
2	BABY UTILITES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS

Sl. No.	Item
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	TELEVISION CHARGES
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVENYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOTWEAR
45	KNEE BRACES (LONG/ SHORT/ HINGED)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE TABLETS
54	CREAMS POWDERS LOTIONS (TOILETRIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)
55	ECG ELECTRODES
56	GLOVES

Sl. No.	Item
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY
69	ANY MEDICAL INSTRUMENTS / APPLIANCES FOR EXTERNAL USAGE