IndusInd GENERAL INSURANCE
FORMERLY RELIANCE GENERAL INSURANCE

INDUSIND CORPORATE FLEXI TRAVEL CARE INSURANCE POLICY - POLICY WORDING

SECTION-1 PREAMBLE

WHEREAS the Insured / Insured Person designated in the Schedule to this IndusInd Corporate Flexi Travel having by a proposal and declaration together with any statement, report or other document which shall be the basis of the contract and shall be deemed to be incorporated herein, has applied to **IndusInd General Insurance Company Limited** (hereinafter called "the Company") for the insurance hereinafter set forth and paid appropriate premium for the number of days stated in the Schedule.

NOW THIS POLICY WITNESSETH that subject to the definitions, terms, conditions and exclusions contained, endorsed or otherwise expressed herein, the Company shall compensate, indemnify, pay and/or reimburse the Insured / Insured Person or his/her legal representatives, as the case may be, in respect of insured events occurring during the period of insurance, in the manner and to the extent set forth in this Policy.

SECTION-2 DEFINITIONS

Any word or expression to which a specific meaning has been assigned in any part of this Policy or the Schedule shall bear the same meaning wherever it appears. For purposes of this Policy, the terms specified below shall have the meaning set forth:

"Accident" means a sudden, unforeseen, and involuntary event caused by external, visible and violent means.

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

"Alternative Employee Expenses" means all reasonable and necessary expenses incurred by the Insured in sending a substitute employee to complete the original Insured/Insured Person's assignment, commitments and objectives.

"Burglary" means an act involving the unauthorized or forcible entry to or exit from the Insured / Insured person 's home in India or any attempt thereat, with intent to commit crime.

"Checked-In Baggage" means baggage handed over by the Insured/Insured Person and accepted by a common carrier for transportation in the same carrier in which the Insured / Insured Person is or would be travelling and for which the common carrier has issued a baggage receipt to the Insured / Insured Person.

"Company" means IndusInd General Insurance Company Limited.

"Common Carrier" means any scheduled commercial airline or ship or vessel operating under a license from the relevant authority for the transportation of passengers for hire.

"Deductible" means is a cost-sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies. A deductible does not reduce the Sum Insured.

"Emergency Assistance Service Provider" means any organization or institution appointed by the Company for providing services to the Insured / Insured Person for an insurable event.

"Emergency Care" means management for a severe illness or injury which results symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner / physician to prevent death or serious long term impairment of the insured person's death.

"Employee" means any person in the regular service of the Insured during the period of insurance whom the Insured compensates by salary and/or wages and whom the Insured has the right to govern in the performance of such service. Employee shall also include a principal officer and / or a director.

"Extortion threat" means a threat or threats, made by a person or group demanding a ransom or extortion payment or a series of such payments as a condition for the mitigation or removal of such threats. All such threats (a) related by a common committed, attempted or threatened wrongful act or (b) made contemporaneously against the Insured and/or the Insured Person shall be deemed to constitute a single extortion threat if made by the same person or group.

"Family" means the Insured, his/her lawful spouse below the age of 60 years and maximum of two (2) dependent children (including stepchildren and adopted children) below the age of 21 years.

"Felonious Assault" means an act of violence against the Insured/ Insured Person or a travelling companion requiring medical treatment in Hospital.

"Hijack" means any unlawful seizure or exercise of control, by force or violence or threat of force or violence and with wrongful intent, of the common carrier in which the Insured / Insured Person is travelling.

"Hospital" means any institution established for indoor care and treatment of illness and injuries and which has been registered as a Hospital or a Nursing Home with the relevant regulatory authorities. For the purpose of this definition, the term "Hospital" shall not include an establishment, which is a place of rest, a place for the aged, a place for drug-addicts or place of alcoholics, a hotel or any other like place.

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"Hospitalisation" means admission in a hospital for a minimum period of 24 Inpatient care consecutive hours except for day care treatment where such admission could be for a period of less than 24 consecutive hours

"Illness" means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.

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

"Injury" means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a medical practitioner/physician.

"Informant" means any person providing information solely in return for monetary payment made or promised by the Insured/ Insured Person.

"In-patient care" means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

"Insurer" means Company i.e., IndusInd General Insurance Co. Ltd.

"Insured Person/Insured" means the person specifically named as such in the Schedule, who has a permanent place of residence in India and for whom the insurance is proposed and the appropriate premium paid.

"Insurable Event" means an event, loss or damage for which the Insured/ Insured Person is entitled to benefit/s under this Policy.

"Kidnapping" means the wrongful abduction and holding under duress or by fraudulent means of the Insured /Insured Persons by any person or group making a ransom demand or series of ransom demands for the release of the Insured /Insured Persons.

"Loss" means loss or damage.

"Medical Advise" means any consultation or advice from a medical practitioner/physician including the issue of any prescription or repeat prescription

"Medical Advisors" are Medical Practitioner(s)/ Physician(s) appointed by our Emergency Assistance Service Providers.

"Medical Expenses" means those expenses that an insured person has necessarily and actually incurred for medical treatment on account of illness or injury on the advice of a medical practitioner/physician, 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 Medical Practitioner(s)/ Physician(s) in the same locality would have charged for the same medical treatment.

"Medically necessary treatment" is any treatment, tests, medication, or stay in hospital or part of stay in a hospital which

I. Is required for the medical management of the illness or injury suffered by the insured;
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/physician;
IV. Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

"OPD Treatment" is one in which the insured/insured person visits a clinic/ hospital or associated facility like a consultation room for diagnosis and treatments, where such admission could be for period of less than 24 consecutive hours.

"Period of Insurance" means the period from commencement of insurance cover to the end of the insurance cover or actual trip duration or full utilization of the maximum number of travel days per trip as specified in the Schedule whichever ends earlier.

"Policy Period" means the period between the start date and the end date as specified in the Schedule to this Policy or the cancellation of this policy, whichever is earlier.

"Physician" means a person who is qualified to practice medicine or is a Surgeon or an Anesthetist and has a valid license issued by the appropriate authority for the same, provided that this person is not a member of the Insured/Insured Person's family.

"Policy" is the Company's contract of insurance with the Policyholder providing cover as detailed in this Policy Wordings, the Proposal Form, Policy Schedule, Endorsements, if any and Annexures, and which form part of the contract and must be read together.

"Policyholder" means the person who is the proposer and whose name specifically appears in the Schedule as such.

"Pre-Existing Disease" means any condition, illness or injury or related condition(s) for which the Insured/Insured person had signs or symptoms and/or was diagnosed and/or received medical advice/ treatment, within 48 months prior to the first policy

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under which the Insured Person was covered with us.

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

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

"Resumption of Assignment Expenses" means all reasonable and necessary expenses incurred in returning the original Insured/Insured Person back to once again commence the assignment within 90 days of such repatriation to complete his/her original business commitments and objectives.

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

"Salary" means remuneration paid to an employee for services rendered, including normal bonus, commissions, standard incentive payments, welfare benefits and pension benefits.

"Single Trip" means only one trip to a destination outside of the Republic of India during the policy period, the details of which are specified in the Schedule.

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

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

"Schedule" means the document attached name so and to and the forming part of this Policy mentioning the details of the Insured/ Insured Person/s, the Sum Insured, the period and the limits to which benefits under the Policy are subject to.

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

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

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

"Trip" means a journey, within the Policy Period, out of the Republic of India and back, the details of which are specified in the Schedule.

"Trip Duration" means a journey undertaken within Policy Period and which commences when the passenger boards the aircraft for onward overseas journey and terminates when he disembarks on return to India or the Policy Period end date whichever is earlier.

"Valuables" mean photographic, audio, video, computer and any other electronic equipment, telecommunications and electrical equipment, telescopes, binoculars, antiques, watches, jewelry, furs and articles made of precious stones and metals.

SECTION-3 EXTENSION PERIOD OF INSURANCE

If any illness / injury during the period abroad necessitates curative treatment beyond duration of this insurance, the Company's liability to pay benefits within the scope of this Policy shall extend for a further period of 30 days insofar as it can be proved that transportation home is not possible. Emergency Assistance Service Provider must be notified immediately as soon as it is known that Insured / Insured Person is unfit to return to India. If any new illness / injury is contracted beyond duration of this Policy, treatment for the same will not be covered.

Further, in case of transportation home on the advice of Emergency Assistance Service Provider, appropriate continued treatment in India on the advice of Company/Emergency Assistance Service Provider for the same illness / injury will be covered for a maximum of 30 days beyond this period of insurance provided the illness / injury is contracted abroad within this

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Period of Insurance.

If Emergency Assistance Service Provider recommends that continued treatment in an Indian hospital is appropriate, this Policy shall be extended to cover medical expenses incurred in India as specified in the Medical Expenses Cover in this Policy provided that expenses will only be paid at the reasonable and customary charges for such services, and further provided that expenses will only be paid for treatment incurred within the 30 days period immediately following the first manifestation of the illness / injury during the trip.

Extension of the period of insurance is automatic for a period not exceeding 7 days and without extra charge, if necessitated by delay of public transport services beyond the control of the Insured / Insured Person.

SECTION-4 SCOPE OF COVERAGE

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

BENEFIT 1 - MEDICAL EXPENSES INCLUDING TRANSPORTATION, EVACUATION AND REPATRIATION OF MORTAL REMAINS

The Company shall pay or reimburse to the Insured / Insured Person expenses incurred for availing immediate emergency medical assistance required on account of any illness / injury sustained or contracted whilst on a trip but not exceeding the Sum Insured as specified in the Schedule.

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

What it covers

In the event, the Insured/Insured Person shall contract any illness or injury during the period of insurance and if such illness or injury shall upon the written medical advice of a Medical Practitioner/Physician require any such Insured/Insured Person, to incur hospitalisation within the period of insurance at any Hospital, for the medically necessary treatment of the Insured/ Insured Person, then the Company will indemnify the Insured/Insured Person, for the amount of such medical expenses, which should be reasonable & customary charges, and are incurred by or on behalf of such Insured/Insured Person for in manner, for the period and to the extent of the Sum Insured as specified in this Policy. The company's total liability in aggregate for all claims paid under the policy shall not exceed the Sum Insured.

1. Out-patient treatment, provided, the same is critical and cannot be deferred till the Insured / Insured person's return to the Republic of India.
2. In-patient treatment in a local hospital at the place the Insured/ Insured Person is staying at the time of occurrence of an insurable event or at the nearest Hospital.
3. Medical aid that is prescribed by a Physician as necessary part of the treatment for broken limbs or injuries (e.g. plaster casts, bandages and walking aids).
4. Radiotherapy, heat therapy or photo therapy and other such treatment prescribed by a Physician.
5. X-Ray, diagnostic tests and all reasonable costs towards diagnostic methods and treatment of all illness / injury provided these pertain to the diagnosed illness / injury due to which hospitalisation was deemed necessary.
6. Cost of transportation, including necessary medical care en-route, by recognized medical service providers for medical attention at the nearest Hospital or by the nearest Physician.
7. Cost of being transferred to a special clinic if this is medically necessary and prescribed by a Physician.
8. Life saving unforeseen emergency measures provided to the Insured / Insured person by the Physician for hospitalization arising out of a preexisting disease. The treatment for these emergency measures would be paid till the Insured / Insured person becomes medically stable. All further medical cost to maintain medically stable or to prevent the onset of acute pain would have borne by the Insured / Insured person.
9. Transportation
   i) The extra costs of medically necessary treatment and prescribed transportation from the foreign country to the Insured / Insured Person's permanent place of residence or the nearest Hospital in the event that it is not possible to guarantee adequate medically necessary treatment within a reasonable distance of the Insured / Insured Person's current location and consequently his health would be in jeopardy;
   ii) The additional extra costs for an accompanying person if it is medically necessary treatment that the Insured / Insured Person be accompanied in this way; this might be a physician, nurse, relative, friend or colleague;

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iii) In the event of death, the extra costs of transporting the mortal remains of the deceased Insured / Insured Person back home or the extra costs required for burial at the place of death abroad up to the limit as specified in the Schedule;

iv) If the Insured / Insured Person is required to be transported from a medical point of view, it shall be the decision of **Emergency Assistance Service Provider** whether the Insured/ Insured person is to be repatriated to India or not.

The extra costs under "Transportation" above are:

- In the event of transportation home, the additional costs arising for the return journey home as a consequence of the insured event;
- In the event of death, the costs which exceed those that would normally arise if the Insured / Insured Person had died in India.

10. Repatriation of Mortal Remains:

In the event of the death of the Insured / Insured Person due to an insurable event in terms of this Policy, the Company shall pay or reimburse the costs of transporting the mortal remains of the deceased Insured / Insured back to the Republic of India or, up to an equivalent amount, for a local burial or cremation in the country where the death occurred, subject to the maximum limit as specified in the Schedule.

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

What Benefit 1 does not cover

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

1. Medical treatment abroad if that is the sole reason or one of the reasons for temporary stay abroad.
2. Any pre-existing disease.
3. Treatment which could reasonably be delayed until the Insured/Insured Person's return to the Republic of India. The question of what can or what cannot be reasonably delayed will be decided jointly by the treating Physician and the Emergency Assistance Service Provider.
4. Treatment of orthopaedic, degenerative, oncological diseases, unless the medical assistance provided abroad involves unforeseen emergency measures to save the Insured / Insured person's life or measures solely designed to relieve acute pain in any case excluding chemotherapy or radiotherapy expenses.
5. Charges in excess of reasonable and customary charges incurred on account of an insurable event as per the determination by the Emergency Assistance Service Provider.
6. Expenses incurred in connection with cancer treatment, unless the medical assistance provided abroad involves unforeseen emergency measures to save the Insured / Insured person's life or measures solely designed to relieve acute pain.
7. Treatment relating to the removal of physical flaws or anomalies (cosmetic treatment or 'plastic' surgery in any form or manner).
8. Expenses incurred in connection with rest or recuperation at a spa or health resort, sanatorium, convalescence home or similar institution.
9. Expenses related to mental or psychiatric disorders.
10. Pregnancy, childbirth and any consequences thereof unless the medical assistance provided abroad involves unforeseen emergency measures to save the Insured / Insured person's or the child's life in the event of acute complications, provided that the Insured / Insured person has not completed the age of 38 years and 30th week of the pregnancy Is not yet completed.
11. Medical treatment of typical symptoms suffered during pregnancy and their consequences, including changes in other chronic conditions as a result of pregnancy.
12. Any medical check-ups during pregnancy or treatment of the pregnancy.
13. Rehabilitation and/or physiotherapy or the costs of prostheses/prosthetics (artificial limbs) etc.
14. Any exclusion mentioned in the 'General Exclusions' section of this Policy.

BENEFIT 2 - DENTAL TREATMENT

What it covers

The Company shall pay or reimburse to the Insured / Insured Person expenses incurred on acute anesthetic treatment of a

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natural tooth or teeth during a trip but not exceeding the Sum Insured as specified in the Schedule. The deductible in respect of this benefit will be applicable for each separate claim, and shall be of an amount as specified in the Schedule. Dental care rendered which is medically necessary as a result of an accident during the period of insurance shall also be covered, subject to the limit of cover and deductible as specified in the Schedule.

What it does not cover

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

1. Medical treatment abroad if that is the sole reason or one of the reasons for temporary stay abroad.
2. Any pre-existing disease.
3. Treatment, which could reasonably be delayed until the Insured/ Insured Person's return to the Republic of India. The question of what can or what cannot be reasonably delayed will be decided jointly by the treating Dentist and the Emergency Assistance Service Provider.
4. Treatment of orthopaedic, degenerative or oncological diseases, unless the medical assistance provided abroad involves unforeseen emergency measures to save the Insured/ Insured person's life or measures solely designed to relieve acute pain in any case excluding chemotherapy or radiotherapy expenses.
5. Charges in excess of reasonable and customary charges as per the determination by the Emergency Assistance Service Provider.
6. Expenses incurred in connection with cancer treatment, unless the medical assistance provided abroad involves unforeseen emergency measures to relieve acute pain.
7. Treatment relating to the removal of physical flaws or anomalies (cosmetic treatment or 'plastic' surgery in any form or (manner).
8. Expenses incurred in connection with rest or recuperation at a spa or health resort, sanatorium, convalescence home or similar institution.
9. Any exclusion mentioned in the 'General Exclusions' section of this Policy.

BENEFIT 3 - LOSS OF PASSPORT

What it covers

In the event, the passport belonging to the Insured / Insured person is lost, the Company will reimburse the Insured / Insured person actual expenses necessarily and reasonably incurred in connection with obtaining a duplicate or fresh passport during a trip but not exceeding the Sum Insured as specified in the Schedule.

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

What it does not cover

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

1. Loss of the passport due to delay or confiscation or detention by the customs, police or public authorities.
2. Loss of the passport due to theft unless it has been reported to the police within 24 hours of the Insured / Insured Person becoming aware of the theft and a written police report being obtained in that regard.
3. Loss of the passport due to it being left unattended or forgotten by the Insured / Insured Person in a public place or public transport, hotel or apartment.
4. Loss or theft of the passport from a private place or from a private vehicle, unless it was located in a locked hotel room, apartment or locked vehicle, and forcible and violent entry was used to gain access to it.
5. Any exclusion mentioned in the 'General Exclusions' section of this Policy.

BENEFIT 4 - LOSS OF INTERNATIONAL DRIVING LICENSE AND GREEN CARDS

What it covers

In the event the international driving license and green cards belonging to the Insured/ Insured Person is lost, the Company will reimburse the Insured/ Insured Person actual expenses necessarily and reasonably incurred in connection with obtaining a duplicate or fresh copies of these documents during a trip but not exceeding the Sum Insured as specified in the Schedule.

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

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What it does not cover

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

1. Loss of the documents due to delay or confiscation or detention by the customs, police or public authorities.
2. Loss of the documents due to theft unless it has been reported to the police within 24 hours of the Insured / Insured Person becoming aware of the theft and a written police report being obtained in that regard.
3. Loss of the documents due to it being left unattended or forgotten by the Insured / Insured Person in a public place or public transport, hotel or apartment.
4. Loss or theft of the documents from a private place or from a private vehicle, unless it was located in a locked hotel room, apartment or locked vehicle, and forcible and violent entry was used to gain access to it.
5. Any exclusion mentioned in the 'General Exclusions' section of this Policy.

BENEFIT 5 - TOTAL LOSS OF CHECKED-IN BAGGAGE

What it covers

The Company shall compensate the Insured / Insured Person for the total loss of checked-in baggage on a trip. The cover is limited to the travel destinations specified in the main travel ticket from the Republic of India and return trip back to India. All halts and via destinations included in this main travel ticket will be covered under this benefit. The compensation will be limited to the Sum Insured as specified in the Schedule.

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

What it does not cover

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

1. Valuables and money, all kinds of securities and tickets/passes or any other item not declared to, and agreed to by, the Company.
2. Loss of property unless a Property Irregularity Report or other report usually issued by common carriers in the event of loss of checked-in baggage has been procured and submitted to the Company.
3. Any partial loss of the items contained within the checked-in baggage.
4. Items contained within the checked-in baggage, which are valued in excess of US $ 100 without appropriate proof of ownership.
5. Losses arising from any delay, detention, confiscation by customs officials or other public authorities.
6. Loss due to complete/partial damage of the checked-in baggage.
7. Any checked-in baggage loss in the Republic of India.
8. Any exclusion mentioned in the 'General Exclusions' section of this Policy.

Special Conditions

1. The Company will compensate the Insured / Insured Person for the market value of checked-in baggage in the event of total and complete loss of such checked-in baggage caused by a common carrier up to the limits as specified in the Schedule provided that:
   a. Maximum amount payable per checked-in baggage, in case more than one bag has been checked-in, is 50 % of the applicable Sum Insured. In case of only one bag being checked-in, the amount payable is 100% of the applicable Sum Insured.
   b. Insured has provided all reports, documents and other details concerning the loss to the Emergency Assistance Service Provider.

   For the purposes of this benefit, "market value" is the sum required to purchase new items of the same kind and quality less an amount representing wear and tear, usage, etc. at the time of loss.
2. In the event that the Company makes any payment under this benefit, it is a condition of such payment that any recovery from any common carrier by the Insured / Insured person, or on behalf of the Insured/ Insured Person, under the terms of the Convention for the Unification of Certain Rules Relating to International Carriage by Air, 1929 ("Warsaw Convention") shall become the property of the Company.

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3. The amount payable in respect of any one article, pair or set is limited to the amount as specified in the Schedule.
4. In the event of loss of baggage whilst in the custody of an airline, a Property Irregularity Report (PIR) must be obtained from the airline immediately upon discovery of the loss which must be submitted to the Emergency Assistance Service Provider.
5. No partial loss or damage shall become payable. However, total loss or damage of individual unit(s) of baggage shall not be construed as falling within this Special Condition.

BENEFIT 6 - DELAY OF CHECKED-IN BAGGAGE

What it covers

The Company shall pay or reimburse the Insured / Insured Person for the delay in transportation of checked-in baggage during a trip. Cover is limited to the travel destinations specified in the main travel ticket from India and return trip back to India. All halts and via destinations included in this main travel ticket will be considered for payment under this benefit. The compensation will not exceed the Sum Insured as specified in the Schedule.

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

What it does not cover

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

1. Valuables and money, all kinds of securities and tickets/passes or any other item(s) not declared to, and agreed to by, the Company.
2. Loss of property unless a Property Irregularity Report or other report usually issued by carriers in the event of loss of checked-in baggage has been procured and submitted to the Company.
3. Any partial loss of the items contained within the checked-in baggage.
4. Items contained within the checked-in baggage, which are valued in excess of US $ 100 without appropriate proof of ownership.
5. Losses arising from any delay, detention, confiscation by customs officials or other public authorities.
6. Loss due to complete/partial damage of the checked-in baggage.
7. Any checked-in baggage delay on the inbound sector to the Republic of India.
8. Any exclusion mentioned in the 'General Exclusions' section of this Policy.

Special Conditions

1. The Company will pay or reimburse costs of necessary emergency purchases of toiletries, medication and clothing in the event of the Insured / Insured Person suffering delay of his/her checked-in baggage while being transported during the trip, provided that:
   a. The delay of checked-in baggage is more than 12 hours from the actual arrival time of the common carrier at the destination and relates to delivery of baggage that has been checked in by the common carrier.
   b. Insured / Insured Person provides the Company with written proof of delay from the common carrier.
   c. Insured / Insured Person provides the Company with the receipts for the necessary emergency purchases of toiletries, medication and clothing that he/she needed to buy.

   Note: In the event that claim(s) is submitted for total loss of checked-in baggage as well as temporary delay of checked-in baggage, the higher of the claim(s) shall be payable by the Company in respect of the same item(s) of checked-in baggage during any one period of insurance.
2. In the event that the Company makes any payment or reimbursement under this benefit, it is a condition of such payment that any recovery from any common carrier by the Insured / Insured person, or on behalf of the Insured / Insured person, under the terms of the Convention for the Unification of Certain Rules Relating to International Carriage by Air, 1929 ("Warsaw Convention") shall become the property of the Company.

BENEFIT 7 - PERSONAL ACCIDENT

What it covers

The Company shall compensate the Insured / Insured Person or their legal heir as the case may be, for any injury (whilst on a trip covered by this Policy) solely and directly caused by accident occurring during the period of insurance resulting in

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permanent disablement or death within 12 (twelve) calendar months of occurrence of such injury.

The Sum Insured as specified in the Schedule shall be the limit per person per Policy period payable only on the Insured / Insured Person's return to India and in Indian currency. The Sum Insured shall be the maximum liability of the Company under this benefit.

Subject to the above, the Company shall pay to the Insured / Insured Person the sum or sums as set forth in the Table of Benefits given alongside:

Table of Benefit	Percentage of Sum Insured as per Schedule
1. Death	100%
2. Total and irrecoverable loss of	
i) Sight of both eyes or of the actual loss by physical separation of the two entire hands or two entire feet or one entire hand and one entire foot or of such loss of sight of one eye and such loss of one entire hand or one entire foot.	100%
ii) Use of two hands or of two feet or of one hand and one foot or of such loss of sight of one eye and such loss of use of one hand or one foot.	100%
3. Total and irrecoverable loss of	50%
i) The sight of one eye or the actual loss by physical separation of one entire hand or one entire foot.	50%
ii) Use of a hand or a foot without physical separation	
For the purpose of items 2 and 3 above, this shall mean separation at or above wrist and/or of the foot at or above ankle, respectively.	
4. Total and irrecoverable loss of various parts as given below:	
5. Loss or Inability to function of (with the respective % of CSI)	
a. An arm at the shoulder joint	70%
b. An arm to a point above the elbow joint	65%
c. An arm below the elbow joint	60%
d. A hand at the wrist	55%
e. A thumb	20%
f. An index finger	10%
g. Any other finger	5%
h. A leg above the center of the femur	70%
i. A leg up to a joint below the femur	65%
j. A leg to a point below the knee	50%
k. A leg up to the center of the tibia	45%
l. A foot at the ankle	40%
m. A big toe	5%
n. Some other toe	2%
o. An eye	50%
p. Hearing in one ear	30%
q. Sense of smell	10%
r. Sense of taste	5%
Any other permanent partial disablement - Percentage as assessed by a panel doctor	

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5. Permanent total and absolute disablement disabling the Insured / Insured Person from engaging in any employment or occupation of any description whatsoever.	100%

- The disablement occurs within one year of the accident.
- The disablement must be confirmed and claimed for prior to the expiry of a period of 3 months since occurrence of the disablement.

Notwithstanding anything contained in this Policy, the Company shall not be liable for compensation under more than one of the clauses (1) to (5) in the Table of Benefits hereinabove, in the same period of disablement of the Insured / Insured Person.

What it does not cover

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

1. Accidents due to mental disorders or disturbances of consciousness, strokes, fits or convulsions which affect the entire body and pathological disturbances caused by the mental reaction to the same.
2. Damage to health caused by curative measures, radiation, infection, poisoning except where these arise from an accident.
3. Any payment under this benefit whereby the Company's liability would exceed the sum payable in the event of death.
4. Any other claim after a claim for death has been admitted by the Company and becomes payable.
5. Any claim which arises out of an accident connected with the operation of an aircraft or which occurs during parachuting except when the Insured / Insured Person is flying as a passenger on a multi engine, commercial aircraft.
6. Payment of compensation in respect of death, injury or disablement of the Insured / Insured Person (i) from intentional self injury, suicide or attempted suicide, (ii) whilst under the influence of intoxication, liquor or drugs, (iii) directly or indirectly, caused by venereal diseases, AIDS or insanity, (iv) whilst engaging in aviation or ballooning whilst mounting into, dismounting from or travelling in any aircraft or balloon other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world (v) arising or resulting from the Insured / Insured Person committing any breach of law with or without criminal intent.
7. Death or disablement resulting, directly or indirectly, caused by, contributed to or aggravated or prolonged by childbirth or pregnancy or in consequence thereof, venereal disease or infirmity.
8. Payment of compensation in respect of death, injury or disablement of the Insured / Insured Person due to or arising out of or directly or indirectly connected with or traceable to war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainments of all Kings, Princes and people of whatsoever nation, condition or quality.
9. Payment of compensation in respect of, death of, or bodily injury or illness to the Insured / Insured Person directly or indirectly caused by or contributed to by or arising from –
   i) Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel and for the purposes hereof, combustion shall include any self-sustaining process of nuclear fission;
   ii) Nuclear weapons material.
10. Any exclusion mentioned in the 'General Exclusions' section of this Policy.

Special Conditions

1. In the event of partial loss or impairment of the function of one of the above parts of the body or senses, the appropriate proportion of the percentage stated in the Table of Benefits will be considered for payment.
2. If the accident impairs a number of physical or mental functions, the degree of disablement given in the Table of Benefits will be added together, but the amount payable shall not exceed 100% of the Sum Insured specified in the Schedule.
3. If the accident affects parts of the body or senses whose loss or inability to function is not dealt with above, the governing factor in determining the benefit amount in such a case will be the degree to which the normal physical or mental capabilities are impaired, solely from a medical point of view, as ascertained by Panel Doctor of the Emergency Assistance Service Provider.
4. If the accident affects any physical or mental function, which was already impaired beforehand, a deduction will be made equal in amount for this prior disablement.
5. If the Insured / Insured person dies for a reason unconnected with the accident within a year of the accident for whatever reason, and if a claim for disablement payment had arisen, then the payment will be made in accordance with the degree of disablement which would have been expected to exist from the findings of the last medical examination made.

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6. In the event of permanent disablement, the Insured / Insured Person will be under obligation:
   a. To have himself/herself examined by the Panel Doctors appointed by the Company / Emergency Assistance Service Provider and the Company will pay the costs involved thereof.
   b. To authorize doctors providing treatment or giving expert opinion and any other authority to supply the Company any information that may be required on the condition of the Insured / Insured Person.

   If the above obligations are not met with due to whatsoever reason, the Company shall be relieved of its liability to compensate under this benefit.

BENEFIT 8 - PERSONAL ACCIDENT - DOMESTIC

What it covers

The Company shall compensate the Insured / Insured Person or his/her nominee or legal heirs as the case may be, for any injury solely and directly caused by an accident occurring during the Insured/ Insured Person's travel from his/her residence in India to the International Airport in India (from where he/she is leaving for the trip) and on his/her return from the trip from the International Airport (where he/she disembarked from the trip) to his residence in India resulting in permanent disablement or death within 12 (twelve) calendar months of occurrence of such injury.

Payment of compensation will be limited to 25% of the Sum Insured under the Personal Accident benefit as specified in the Schedule, per person per policy period, which shall be the maximum liability of the Company under this benefit and shall be payable only in Indian currency.

The above is subject to the entire trip being covered under this policy.

The table of benefits, percentage of sum insured (for this clause Sum Insured is restricted to 25% of Personal Accident Sum Insured) for each loss the exclusions and special conditions are as per the Personal Accident Section of this Policy.

BENEFIT 9 - ACCIDENTAL DEATH – COMMON CARRIER

What it covers

The Company shall compensate the Insured / Insured Person or their legal representatives as the case may be, for any injury (whist on a trip covered by this Policy) solely and directly caused by accident occurring during the period of insurance resulting in permanent disablement or death within 12 (twelve) calendar months of occurrence of such injury.

The Sum Insured as specified in the Schedule shall be the limit per person per Policy period payable only on the Insured / Insured Person's return to India and in Indian currency. The Sum Insured shall be the maximum liability of the Company under this benefit.

Provided that, this benefit shall not apply while the Insured / Insured Person is riding in or on, or boarding or alighting from, any civilian aircraft that does not hold a current and valid Airworthiness Certificate and is piloted by a person who then does not hold a current and valid certificate of competency of a rating authorizing him to pilot such aircraft.

The term "Airworthiness certificate" used in this benefit shall mean the standard worthiness Certificate issued by the aviation agency or the governmental authority having jurisdiction over civil aviation in the country of its registry.

Subject to the above, the Company shall pay to the Insured / Insured Person the sum or sums as set forth in the Table of Benefits given alongside:

Table of Benefit	Percentage of Sum Insured as per Schedule
1. Death	100%
2. Total and irrecoverable loss of	
i) Sight of both eyes or of the actual loss by physical separation of the two entire hands or two entire feet or one entire hand and one entire foot or of such loss of sight of one eye and such loss of one entire hand or one entire foot.	100%
ii) Use of two hands or of two feet or of one hand and one foot or of such loss of sight of one eye and such loss of use of one hand or one foot.	100%
3. Total and irrecoverable loss of	50%
i) The sight of one eye or the actual loss by physical separation of one entire hand or one entire foot.	50%
ii) Use of a hand or a foot without physical separation	

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For the purpose of items 2 and 3 above, this shall mean separation at or above wrist and/or of the foot at or above ankle, respectively.	
4. Permanent total and absolute disablement disabling the Insured / Insured Person from engaging in any employment or occupation of any description whatsoever.	100%

- The disablement occurs within one year of the accident.
- The disablement must be confirmed and claimed for prior to the expiry of a period of 3 months since occurrence of the disablement.

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

What it does not cover

Any exclusion mentioned in the 'Personal Accident' section of this Policy.

BENEFIT 10 - PERSONAL LIABILITY

What it covers

The Company will indemnify the Insured / Insured Person in the event the Insured/ Insured Person becomes legally liable to a third party under law for an incident which results in death, injury or damage to the health of such third party or damage to his/ her properties, but not exceeding the Sum Insured as specified in the Schedule and provided the incident occurs during the period of insurance and whilst on a trip.

What it does not cover

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

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

Special Conditions

1. The Company shall be responsible for contesting unjustified claims against the Insured / Insured person and providing indemnity for damages, which the Insured / Insured person has to pay. For indemnity to be provided against damages, the damages must be payable under an acceptance of liability given or approved by the Company or under a judicial decision rendered by a Court of law.
2. If there is a legal action in process against the Insured / Insured person over a personal liability issue, the Company may conduct the legal action, including appointment of legal counsel, at the Company's expense in the name of the Insured/ Insured Person at the Company's sole discretion.
3. The Company will have the right, but in no case the obligation, to take over and conduct in the name of the Insured / Insured Person the defense of any claim and will have full discretion in the conduct of any proceedings and in the settlement of any claim and having taken over the defense of any claim, the Company may relinquish the same.
4. In the event the Company, in its sole discretion, chooses to exercise its right in pursuance of this condition, no action taken by the Company in the exercise of such right will serve to modify or expand in any manner, what the Company's liability

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or obligations under this Policy would have otherwise been had it not exercised its rights under this Special Conditions.

BENEFIT 11 - DAILY ALLOWNACE IN CASE OF HOSPITALIZATION

What it covers

In the event of hospitalisation of the Insured / Insured Person for more than two consecutive days due to a illness or injury sustained or contracted within the period of insurance whilst on the trip for which a claim is admissible under this policy, the Company will pay to the Insured / Insured Person a daily allowance as specified in the Schedule.

This benefit can be claimed only once during the Policy period.

BENEFIT 12 - FINANCIAL EMERGENCY ASSISTANCE

What it covers

The Company shall pay the Insured / Insured Person in the event of a financial emergency arising due to theft, mugging, robbery, dacoity of the funds of the Insured / Insured Person, an amount not exceeding the Sum Insured as specified in the Schedule.

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

For the purpose of this benefit, financial emergency shall mean a situation wherein the Insured / Insured Person losses all or a substantial amount of his / her travel funds due to theft, robbery, mugging or dacoity, such that there is a detrimental effect on his / her travel plans. The Company shall have the sole discretion to determine whether a financial emergency has occurred in any instance.

What it does not cover

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

1. A shortage or loss of funds due to currency fluctuation, errors, omissions, exchange loss or depreciation in value.
2. Any loss not reported to the police having jurisdiction at the place of loss within 24 hours of the occurrence of the incident and a written report being obtained for the same.
3. Any claim in respect of a loss of traveler's cheques not immediately reported to the local branches or agents of the issuing authority.
4. Loss of funds not kept in the personal custody of the Insured/Insured Person.
5. Any reimbursement under Financial Emergency Assistance is excluded if the claim is put up after arrival of the Insured / Insured Person to the Republic of India.
6. Any exclusion mentioned in the 'General Exclusions' section of this Policy.

BENEFIT 13 - HIJACK DISTRESS ALLOWANCE

What it covers

The Company shall make an allowance to the Insured / Insured Person, in the event of hijack of a common carrier in which the Insured / Insured Person is travelling on a trip, of the amount as specified in the Schedule.

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

What it does not cover

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

1. The first twelve (12) hours of the hijacking.
2. Any incident where the Insured /Insured Person is suspected to be either the principal or an accessory in the hijacking.
3. Any claim as a consequence of a change in the regular routes of travel / journey of the common carrier due to traffic, weather, fuel shortage, and technical snag or security reasons.
4. Any exclusion mentioned in the 'General Exclusions' section of this Policy.

BENEFIT 14 – TRIP DELAY

What it covers

The Company shall reimburse the Insured / Insured Person the reasonable additional expenses incurred by the Insured / Insured Person if the Insured / Insured Person's trip is delayed for more than twelve (12) hours from the scheduled time. Incurred expenses must be supported by receipts. This benefit is payable only once per trip on account of the following

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unforeseen reasons:

1. Unforeseen illness, injury, or death of the Insured / Insured Person or Family Member of the Insured or the Traveling Companion. Illness or injury must be so disabling as to reasonably cause a travel delay.
2. Termination of employment or layoff affecting the Insured/ Insured Person or the Traveling Companion of the Insured, provided that the Insured / Insured Person or the Traveling Companion, as the case may be, have been employed with the employer for at least five continuous years.
3. Inclement weather conditions causing delay. This must be authenticated by a letter from the common carrier.
4. The place intended to be occupied by the Insured / Insured person for purposes of stay during the trip or the destination being made uninhabitable by fire, flood, vandalism, burglary, or natural disaster.
5. The Insured / Insured person being abducted or quarantined.
6. The Insured / Insured Person or a Traveling Companion being the victim of a felonious assault within 10 days prior to the departure date, except where the Insured / Insured person, any Family Member of the Insured, the Traveling Companion or Traveling Companion's Family Member has been a principal or accessory in the commission of the felonious assault.
7. A terrorist incident in a City/destination listed on the Insured/Insured Person's itinerary within 30 days of the Insured / Insured person's scheduled arrival. "City" means an incorporated municipality having defined borders and does not include the high seas, uninhabited areas or airspace.
8. Delay by the common carrier.
9. Lost or stolen passport, travel documents or money.

The reimbursement under this benefit will not exceed the Sum Insured as specified in the Schedule. The deductible in respect of this benefit will be applicable for each separate claim, and shall be of an amount as specified in the Schedule.

BENEFIT 15 – TRIP CANCELLATION AND INTERRUPTION

What it covers

The Company shall compensate the Insured / Insured Person if a trip is canceled or interrupted due to any of the following reasons:

1. Unforeseen illness, injury, or death of the Insured / Insured Person's family member. Injury or illness must be so disabling as to reasonably cause a trip to be canceled or interrupted;
2. Termination of employment or layoff affecting the Insured/ Insured Person or the Traveling Companion of the Insured, provided that the Insured / Insured Person or the Traveling Companion, as the case may be, have been employed with the employer for at least three continuous years;
3. Inclement weather conditions causing cancellation of the trip;
4. The place intended to be occupied by the Insured / Insured Person for purposes of Insured / Insured Person's stay during the trip or the destination being made uninhabitable by fire, flood, vandalism, burglary, or natural disaster;
5. The Insured / Insured Person being abducted or quarantined;
6. The Insured / Insured Person or a Traveling Companion being the victim of a felonious assault within 10 days prior to the departure date, provided that the Insured / Insured Person (including any member of their family) or the Traveling Companion (including any member of travelling companion's family) is/are not principal or accessory in such felonious assault.
7. A terrorist incident in a City/destination listed on the Insured/Insured Person's itinerary within 30 days of the Insured / Insured Person's scheduled arrival. "City" means an incorporated municipality having defined borders and does not include the high seas, uninhabited areas or airspace.
8. The financial failure of the airline.

Trip Cancellation Benefits: The Company will pay this benefit up to Sum Insured as specified in the Schedule for trips that are canceled before the scheduled departure date due to the reasons mentioned above. The Company will reimburse for the forfeited, nonrefundable prepaid payments, made prior to the Insured / Insured Person's departure date.

Trip Interruption Benefits: The Company will pay this benefit up to Sum Insured as specified in the Schedule for trips that have been interrupted, due to the reasons mentioned above. The Company will reimburse for the forfeited, non-refundable prepaid payments, made prior to the Insured / Insured Person's departure date and additional transportation expenses incurred by the Insured / Insured Person, either to

1. Return to the Republic of India; or

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2. From the place that the Insured / Insured Person left the trip to the place that the Insured / Insured Person may rejoin the trip;
3. Additional transportation expenses incurred by the Insured/ Insured Person to reach the original trip destination if the Insured / Insured Person is delayed, and leaves after the trip departure date.

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

What it does not cover?

1. Common carrier-caused delays, including an announced, organized sanctioned union labour strike that affects public transportation, unless the commencement of the period of insurance is prior to a date when the strike is foreseeable. A strike is foreseeable on the date the labour union members vote to approve a strike.
2. Travel arrangements canceled or changed by an airline, cruise line, or tour operator, unless the cancellation is the result of bad weather.
3. Changes in plans by the Insured / Insured Person, an Immediate Family Member or Traveling Companion for any reason.
4. Adverse change in financial circumstances of the Insured/ Insured Person, any Family Member, or a Traveling Companion.
5. Any business or contractual obligations of the Insured / Insured Person, any Family Member, or a Traveling Companion, except for termination or layoff of employment as defined above.
6. Default by the person, agency, or tour operator from whom the Insured / Insured Person bought this Policy and/or made travel arrangements.
7. Any government regulation or prohibition.
8. An event or circumstance, which occurs prior to the commencement of the period of insurance.
9. On account of a felonious assault, where the Insured / Insured Person, any Family Member of the Insured / Insured Person, the Traveling Companion or Traveling Companion's Family Member has been a principal or accessory in the assault committed.
10. Any claim for a flight which is not booked in the India;
11. Any claim resulting from the financial failure of: .
    (i) Any scheduled airline at the time the Insured/Insured Person obtained this Policy or booked the ticket;
    (ii) Any scheduled airline that holds another bond or insurance (even if that bond or insurance is not enough to pay the claim in full); or
    (iii) Any travel agent, tour operator, booking agent or flight consolidate* arranging the booking
12. Any claim that the Insured/Insured Person knew, at the time of purchasing this insurance, about any reason that could cause a claim under this section.
13. Any claim arising or resulting from a charter flight.

BENEFIT 16 – MISSED CONNECTIONS

What it covers

The Company shall pay to the Insured / Insured Person the sum as specified in the Schedule, in the event inclement weather causes cancellation or a delay of regular scheduled airline flights on which the Insured/ Insured Person is or would be travelling.

Such payment will cover:

Additional transportation costs to join the trip (must be same class of original tickets purchased).

1. Reasonable accommodations and meals.
2. Non-refundable, unused portion of the prepaid expenses as long as the expense is supported by a proof of purchase and is not reimbursable by another source.

The common carrier must certify the delay of the regular scheduled airline flight.

BENEFIT 17 – TWO WAY COMPASSIONATE VISIT

What it covers

In the event the Insured / Insured Person is hospitalized for a period exceeding the number of days (as specified in the Schedule) consecutively, and his/her medical condition forbids repatriation and no adult member of his/her immediate family is present, the Company after obtaining confirmation of the need for a companion from the attending doctor and the Emergency Assistance Service Provider, will provide

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a) A round trip economy class air ticket, or first class railway ticket, to allow one immediate family member, during the entire period of insurance, to be at his /her bedside for the duration of stay in the Hospital;

b) Expenses towards stay of the immediate family member during such compassionate visit.

Similarly, in the event a family member of the Insured / Insured Person is hospitalized for a period exceeding the number of days (as specified in the Schedule) consecutively, the Company after obtaining confirmation of the need from the attending doctor and the Emergency Assistance Service Provider for Insured / Insured Person to be near such family member, will provide

a) A round trip economy class air ticket, or first class railway ticket, to allow one immediate family member, during the entire period of insurance, to be at his /her bedside for the duration of stay in the Hospital;

b) Expenses towards stay of the immediate family member during such compassionate visit.

Provided however that the Company's liability for round trip ticket and the expenses relating to this benefit shall in no case exceed the Sum Insured as specified in the Schedule.

What it does not cover

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

BENEFIT 18 – HOME BURGLARY INSURANCE

What it covers

The Company shall pay to the Insured/ Insured Person a sum as compensation for any loss or damage sustained by the Insured or Insured Person and caused by burglary and/or attempted burglary, to the contents of Insured/ Insured Person's home in India subject to the total liability of the Company not exceeding the Sum Insured as specified in the Schedule in any one year irrespective of the number of such incidents or occurrences arising out of such incidents.

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

What it does not cover

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

1. Loss or damage caused by the Insured / Insured Person's and/ or Insured / Insured Person's employee(s) or agents and / or Insured / Insured Person's Family member's direct or indirect involvement in the actual or attempted burglary;
2. Any loss or damage to, or on account of loss of, livestock, motor vehicles, pedal cycles, money, securities for money, stamp, bullion, deeds, bonds, bills of exchange, promissory notes, stock or share certificates, business books, manuscripts, documents of any kind, ATM debit or credit cards, precious stones that are not part of jewellery or ornaments, gold bullion (unless previously specifically declared to, and accepted by, the Company in writing);
3. Loss of money and/or other property abstracted from safe following the use of the key to the said safe or any duplicate thereof belonging to the Insured/Insured Person, unless such key has been obtained by assault or violence or any threat thereof.
4. Loss of or damage to any property insured under this Policy due to any misfeasance, malfeasance or non feasarice or breach of trust in relation thereto by the Insured/Insured Person.
5. This Policy shall cease to attach a.if the Insured / Insured Person shall cause or suffer any material alteration to be made to his/her home or anything to be done whereby the risk is increased; b.if the interest of the Insured/Insured Person in the home shall pass from him/her otherwise than by will or operation of law;unless, in every case, the consent of the Company to the continuance of the insurance thereon is obtained and signified on the Policy
6. Loss or damage to any property/item illegally acquired, kept, stored or property subject to forfeiture in any manner whatsoever.
7. Loss or damage due to war and allied perils, nuclear weapon materials or terrorism.
8. Mysterious disappearance or unexplained losses.
9. Loss or damage on account of any exclusions mentioned in the General Exclusions section of this Policy.

BENEFIT 19 – BAIL BOND

What it covers

If the Insured/ Insured Person is arrested or detained by the police/judicial authorities at the place of stay abroad whilst on a trip and if the offence for which he/she is arrested or detained is bailable, then the amount upto the Sum Insured as specified in the Schedule, will be provided to the appropriate authority/Court as the bail amount towards the arrest or detention, subject

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to the Special Conditions below.

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

Special Conditions

The Company will pay or arrange to pay through Emergency Assistance Service Provider to the Judicial Authority / Court directly on behalf of the Insured/Insured Person, the bail amount. The Insured / Insured Person shall appear in the Court on the date specified by the Court for trial and judgment. If the bail bond is forfeited due to the misconduct or negligence or any wrongful act of the Insured / Insured Person or otherwise for breach of the terms of such bail bond, then the amount of the bail bond will require to be repaid by the Insured / Insured Person to the Company within 1 month after the bail bond is forfeited and if the Company so deems necessary (whether on expiry of such 1 month or otherwise), the Insured / Insured Person will be liable to repay the bail amount together with interest thereon at 10% p.a. from the date of payment by the Company to the Court until receipt thereof from the Insured, and all costs reasonably incurred by me Company in such behalf.

In case of death of the Insured / Insured Person, at the first instance, the immediate family member, and in case, where there is no immediate family member, the employer, will be liable to produce the death certificate or the necessary documents, as per the local law, in the Court within 1 month (of such death) for the release of the bail amount to Emergency Assistance Service Provider. In case they fail to do so, it is hereby agreed that the Company would have full right and authority to recover the bail amount from the estate of the Insured /Insured Person.

The amount will be refunded to the Company or Emergency Assistance Service Provider by the Court with which it was deposited as soon as the Court releases the bail amount with which the deposit was made. In no case the amount will be paid out to the Insured / Insured Person.

The judgment shall have no bearing on the refund of the deposit to the Company or Emergency Assistance Service Provider. If the Court imposes any penalty or fine on the Insured/ Insured Person at the time of interim order or final judgment, then in that case the Insured/ Insured Person will not be at the liberty to get the fine deducted or adjusted from the bail amount which was deposited by the Company or Emergency Assistance Service Provider.

BENEFIT 20 – LEGAL EXPENSES

What it covers

The Company will pay to Insured/ Insured Person the sum as specified in the Schedule for legal costs and expenses incurred towards claims for compensation arising on the death of the Insured/ Insured Person or on the Insured/Insured Person contracting illness or injury during the trip.

What it does not cover

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

1. Any claim where the legal advisors of the Company believe that an action is not likely to be successful or that the costs of taking action will be greater than any award.
2. Any costs or expenses which are based directly or indirectly on the amount of any award. The costs of following up a claim for bodily injury, loss or damage caused by or in connection with the Insured/Insured Person's trade, profession or business, under contract or arising out of the Insured/Insured Person possessing, using or living on any land or in any buildings.
3. Any claims arising out of the Insured/Insured Person owning, possessing, or using mechanically-propelled vehicles, water craft or aircraft of any description, animals, firearms or weapons.
4. Any claims arising out of the criminal, malicious or deliberate acts of the Insured/Insured Person.
5. Any claims reported more than 180 days after the incident giving rise to the claim took place.

Special conditions

1. The Company will have complete control over any legal representatives appointed and any proceedings.
2. The Insured/Insured Person or the legal representative of the Insured/Insured Person in the event of the Insured/Insured Person's death shall follow the advice of the Company or that of the agents of the Company in handling any claim.

BENEFIT 21 – GOLF COVERAGE

What it covers

The Company will reimburse the expenses to the Insured/Insured Person in the event of his/her golf equipment being lost, stolen or damaged in an accident during the trip, a sum as specified in the Schedule towards the cost of replacement or repair

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of the golf equipment, whichever is lower, after making allowance for wear and tear and loss of value using the scale specified below.

- Up to one year old, 90% of the purchase price
- Up to two years old, 70 % of the purchase price
- Up to three years old, 50% of the purchase price
- Up to four years old, 30% of the purchase price
- Over four years old, 20% of the purchase price

The Company will pay as compensation to the Insured/Insured Person upto a sum as specified in the Schedule towards the cost of hiring replacement golf equipment in the event of the Insured/Insured Person's golf equipment being lost stolen, damaged by accident during the trip or temporarily delayed for a period exceeding the specified number of hours on the outward trip.

The Company will pay as reimbursement to the Insured/Insured Person a sum as specified in the Schedule for the expenses related to pre-booked green fees, which are not refundable, in the event of the Insured/Insured Person being unable to play golf due to injury or illness.

What it does not cover

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

1. Deliberate or malicious damage to golf equipment caused by the Insured/Insured Person.
2. Loss or damage to golf equipment caused by the carelessness or neglect of the Insured/Insured Person.
3. Wear and tear, loss of value and damage caused by moths or vermin, or any process of cleaning, repairing or restoring.
4. Losses from motor vehicles.
5. Any loss or theft which the Insured/Insured Person does not report to the police within 24 hours of discovery and gets a written report for from the relevant authorities.
6. Golf equipment that is damaged while it is being used,
7. Mysterious disappearance or unexplained losses.

Special conditions

1. The applicable excess as stated in the Schedule.
2. The Insured/Insured Person must take reasonable care to keep his/her golf equipment safe.
3. In the event the golf equipment of the Insured/Insured Person is lost or damaged by an authority, a transport company or hotel, the Insured/Insured Person must get a written confirmation from the authority stating the details of the loss or damage.
4. In the event of golf equipment of the Insured/Insured Person being lost or damaged by an airline, the Insured / Insured Person must:
   a. Get a Property Irregularity Report
   b. Give written notice of the claim to the airline within the time limit in their conditions of carriage, while retaining a copy
   c. Submit all required travel tickets
5. In the event of the golf equipment being lost or stolen, the Insured/Insured Person must take all reasonable steps to get it back.
6. The Insured/Insured Person should not be responsible for the loss, theft or damage to the items.

BENEFIT 22 – PET CARE

What it covers

The Company will pay as reimbursement to the Insured/ Insured Person a sum as specified in the Schedule towards the expenses for the fees of the Veterinary doctor in the event of the Insured/Insured Person's pet, limited to cat or dog, needing veterinary treatment as a result of an injury which occurred whilst the cat or dog was being cared for by a friend, relative or professional carer in India whilst the Insured/Insured Person was on a trip.

What it does not cover

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

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1. If the Insured/Insured Person does not have written confirmation from the Veterinary doctor giving details of the injury or accident and the number of days that the cat or dog belonging to the Insured/Insured Person had received treatment.
2. Any exclusion mentioned in the 'General Exclusions' section of this Policy.

BENEFIT 23 – CATASTROPHE EXPENSES

What it covers

The Company will pay as compensation to Insured/ Insured Person the sum as specified in the Schedule towards the cost of travel expenses and providing other similar accommodation in the event of the accommodation booked for the Insured/ Insured Person not being in living condition because of a fire, flood, earthquake, storm, lightning, explosion, hurricane or major outbreak of infectious disease.

What it does not cover

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

1. The applicable excess as stated in the Schedule.
2. Any claim already made in any other Section of this Policy towards this benefit.
3. Any expenses that the Insured/Insured Person can get back from any tour operator, airline, hotel or other provider of services.
4. Any expenses that the Insured/Insured Person would normally have to pay during the period shown on Validation Certificate of the Insured/Insured Person.
5. Any claim resulting from the Insured/Insured Person travelling against the advice of the appropriate national or local authority.
6. Claims arising out of an event which is already existing and known to the Insured / Insured Person.

Special conditions

1. The Insured/Insured Person must give the Company a written statement from an appropriate public authority confirming the reason, nature and duration of the disaster.
2. The Insured/Insured Person must submit to the Company all evidence of all the extra costs that he/she had to pay.

BENEFIT 24 – ALTERNATIVE EMPLOYEE OR RESUMPTION OF ASSIGNMENT EXPENSES

What it covers

The Company will pay as reimbursement to the Insured/Insured Person a sum as specified in the Schedule for the expenses towards arranging the transportation of an alterative employee limited to economy class return air ticket, or first class railway ticket in the event of the unexpected death of Insured/ Insured Person during the trip, or /illness of the Insured/Insured Person during the trip requiring the Insured/Insured Person to return to India or to the place of departure within India.

This can also be extended to cover the death of an immediate family member, restricted to the spouse and dependent children due to accident whilst the Insured/Insured Person is on a trip abroad, requiring him/her to return to India or to the place of departure within India.

What it does not cover

The Company shall not be liable to make any payment under this benefit in connection with or in respect of any expenses whatsoever incurred by the Insured/ Insured Person in the event that the original trip is undertaken by the Insured/Insured Person against the advice of a Physician, or when the Insured Person/Insured Person is unfit to undertake the trip.

BENEFIT 25 – KIDNAP, RANSOM AND EXTORTION

What it covers

1. The Company will be liable for loss of any property or other consideration actually surrendered:
   a. as a ransom payment by or on behalf of the Insured/Insured Person as the result of a kidnapping;
   b. as an extortion payment by or on behalf of the Insured /Insured Person as the result of any extortion threat to do bodily harm to, wrongfully abduct or detain the Insured/ Insured Person, during a trip.
2. The Company will be liable for loss caused by the actual destruction, disappearance, confiscation or wrongful extraction of property or other consideration intended as ransom or extortion payment covered under Clause 1 above while being held or conveyed by any person(s) duly authorised by the Insured/ Insured Person to have custody of such property or other consideration.

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3. The Company will be liable for the following expenses incurred by the Insured/Insured Person solely and directly as the result of a ransom or extortion demand which would constitute a loss under Clause I above:
   a. Reasonable fees and expenses of any independent negotiators or consultants retained by the Insured/Insured Person;
   b. Reasonable fees and expenses of any independent public relations consultant;
   c. Interest costs for any loan taken by the Insured/Insured Person to pay that part of a ransom or extortion payment recoverable under Insuring Clause 1;
   d. Reasonable travel and accommodation expenses incurred by the Insured/ Insured Person;
   e. The reward paid by the Insured/Insured Person to an Informant for information not otherwise available which leads to the arrest and conviction of persons responsible for such demand;
   f. The salary which the Insured continues to pay an Insured Person while the Insured Person is being held ransom as the result of a kidnapping, provided that coverage shall only apply at the salary level in effect prior to the kidnapping and only for a period commencing upon the abduction of the Insured Person and ending at the time the Insured Person is released, discovered to be dead, one hundred and twenty days after the last positive evidence following the abduction that the Insured Person is alive, or sixty months after the abduction, whichever is earliest;
   g. Sums which the Insured/Insured Person becomes obligated to pay on account of an Insured Person's inability to attend to personal financial matters which result in any actual consequential personal financial loss;
   h. Reasonable medical, psychiatric, and legal expenses incurred by an Insured Person with the approval of the Insured for a twelve (12) month period, following the release of an Insured Person;
   i. Reasonable fees for independent medical and legal advice incurred by the Insured/Insured Person with the Company's approval;
   j. Any other reasonable expenses incurred by the Insured/Insured Person with the Company's approval.

What it does not cover

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

1. Loss due to any fraudulent, dishonest or criminal act by an identifiable employee of the Insured, acting alone or in collusion with others, unless the loss is in excess of the amount recovered or received by the Insured under any other bond, insurance or indemnity which would cover the loss in whole or in part, in which case this Section shall cover only such excess;
2. Loss resulting from fraud or collusion by the person allegedly the subject of an extortion threat if the person authorising the ransom or extortion payment had not, prior to the payment, made every reasonable effort under the circumstances to determine that the extortion threat was genuine;
3. Expenses which the Insured/Insured Person become legally obligated to pay on account of judgments resulting from any suit for damages, and reasonable defence costs incurred by the Insured/ Insured Person in defending such suit, brought by an Insured Person (or the estate, heirs or legal representatives of such Insured Person) alleging negligence or incompetence in hostage retrieval operations or negotiations following the kidnapping of such Insured Person or negligence in not preventing the kidnapping of such Insured Person or as the result of any extortion attempt to do bodily harm to an Insured Person.
4. Coverage under Clause 1 above does not apply to loss of property and other consideration:
   a. Surrendered away from the premises of the Insured/Insured Person in any face to face encounter involving the use or threat of force or violence unless surrendered by a person in possession of such property or other consideration at the time of such surrender for the sole purpose of conveying it to pay a previously communicated ransom or extortion demand and unless actually surrendered to those responsible for such demand or their designee; or
   b. Surrendered on the premises of the Insured/Insured Person unless brought onto the premises of the Insured/ Insured Person after receipt of the ransom or extortion demand for the purpose of paving such demand.
5. Coverage under Clauses 2 and 3 does not apply to loss of property and other consideration actually surrendered as a ransom or extortion payment covered under Clause.

Conditions Applicable

1. In the event of a ransom or extortion demand directed against any Insured Person rather than against the Insured, property or other consideration surrendered or intended to be surrendered by or on behalf of such Insured Person and expenses described in (a), (b), (c), (d), (e), (g), (h) & (j) of Clause 3 above incurred by or on behalf of such Insured Person shall, at

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the Insured's option, be considered property or other consideration surrendered or intended to be surrendered on behalf of the Insured and expenses incurred by the Insured.

2. The Company's liability for loss arising from an extortion threat which occurred or was communicated to the Insured/ Insured Person, directly or indirectly, prior to the effective date of this Policy, is subject to the following:
   a. The Insured/Insured Person or the predecessor of the Insured/Insured Person in interest carried some other policy which, at the time of the extortion threat afforded the Insured/Insured Person some or all of the coverage which this Section offers applicable to the loss;
   b. Such prior coverage and the right of claim continued under the same or some superseding policy without interruption from the time of the extortion threat until the effective date of the policy; and The extortion threat shall have been discovered by the Insured/Insured Person after the expiration of the time allowed for discovery under the last such policy.

   The Company's liability with respect to such loss shall not exceed the limit of liability under the coverage in force at the time of the extortion threat or the limit of liability under this Section applicable to the loss, whichever is smaller.
3. The payment of any loss under this Section shall not reduce the Company's liability for other losses; provided, however, that the Company's maximum liability shall not exceed the amount set forth in the Schedule:
   a. Applicable to Clause 1, extortion coverage, for all loss of property and other consideration actually surrendered as ransom and extortion payments arising from one extortion threat or a series of related extortion threats;
   b. Applicable to Clause 2, delivery coverage, for all losses of property and other consideration intended as ransom and extortion payments arising from one extortion threat or a series of related extortion threats;
   c. Applicable to Clause 3, expense coverage, for all expenses arising from one extortion threat or a series of related extortion threats;

      The Company's liability under this Section is further subject to the aggregate limit of liability stated in the Schedule.
4. Any extortion threats made by the same person, group or collaborating groups with the apparent purpose of creating a cumulative or continuing coercive effect upon, or political effect involving the Insured/Insured Person shall be considered related threats.
5. All losses sustained by the Insured/Insured Person arising from any one extortion threat or series of related extortion threats, after deducting all recoveries (except insurance or sureties held by the Insured/Insured Person or the Company for their benefit) on account thereof made prior to payment, shall be deducted from the amount specified in the Schedule.
6. A loss shall be deemed to have been sustained:
   a. Under Clause 1 at the time of the surrender of the ransom or extortion payment;
   b. Under Clause 2 at the time of the actual destruction, disappearance, confiscation or wrongful abstraction of the property or other consideration;
   c. Under Clause 3 at the time of the payment of incurred expenses by the Insured/Insured Person
7. If the Insured/Insured Person shall sustain any loss covered by this Section, all recoveries (except from insurance, reinsurance or indemnity taken by the Company or for the Company's benefit) on account of loss, less the actual cost of recovery, shall be distributed as follows: The Insured/Insured Person shall be reimbursed for any loss which exceeds the amount of coverage provided by this Section less the deductible amount the balance applied to the Company's reimbursement to the extent of the Company's loss and any remainder paid to the Insured/Insured Person.
8. This Section does not cover any loss arising from any extortion threat unless such threat occurs or is communicated directly or indirectly to the Insured/Insured Person prior to the effective date of termination of coverage hereunder and is discovered by the Insured/Insured Person and communicated to the Company in writing prior to one year after the effective date of the termination of this Section in its entirety.
9. In no event shall the Company be liable under mis Section for more than:
   a. The actual market value of lost, damaged or destroyed securities at the close of business on the business day immediately preceding the day on which the loss is discovered, or for more than the actual cost of replacing the securities, whichever is less;
   b. The actual cash value at the time of loss of any other property or consideration, or the actual cost of repairing or replacing such property or consideration with property or consideration of similar quality and value, whichever is less;
   c. The cost of blank books, pages, tapes or other blank materials to replace lost or damaged books of account or other records; or

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d. The Indian rupee value of any foreign currency based on the cash rate on the day any loss involving foreign currency is discovered.

e. Regardless of the number of years coverage shall continue in force, and the number of premiums which shall be payable or paid or any other circumstances whatsoever, the Company's liability with respect to any loss or losses shall not be cumulative from year to year or from period to period.

When there is more than one Insured Person, the aggregate liability for loss or losses sustained by any or all of them shall not exceed the amount for which the Company would be liable if all losses where sustained by any one of them.

BENEFIT 26 – CORPORATE TRAVELLER'S FAMILY ASSISTANCE

What it covers

The Company will pay as compensation to a maximum of two dependent children of the Insured/Insured Person, not exceeding 21 years of age, a sum as specified in the Schedule in case of death due to accidental injury of the spouse of the Insured/ Insured Person whilst he/she is on a trip abroad.

What it does not Cover

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

1. If the spouse of the Insured/Insured Person is travelling in an unlicensed aircraft;
2. If the spouse of the Insured/Insured Person is flying or engaging in any other aerial activity as part of the aircraft's crew;
3. If the spouse of the Insured/Insured Person is participating in or training for any professional sport.
4. For any claim which results from any criminal or illegal criminal act of the spouse of the Insured/Insured Person.
5. The spouse of the Insured/Insured Person is accompanying the Insured/Insured Person on a trip.
6. Any exclusion mentioned in the 'Personal Accident' section of this Policy.

BENEFIT 27 – SEATBUMPING

What it covers

The Company will pay the Insured/Insured Person a sum as specified in the Schedule in the event of him/her being unable to travel within 24 hours of the scheduled time on any publicly licensed scheduled aircraft flight upon which he/she has reserved a seat and was due to fly during a trip covered in the period of insurance solely as a result of such seat being unavailable due to overbooking by the airline.

What it does not Cover

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

1. The amount of any compensation or payment made to the Insured/Insured Person by the airline
2. Any claim arising as a result of the Insured/Insured Person voluntarily giving up his/her seat on the flight

Special Conditions

1. The Insured/Insured Person should obtain a signed statement or certificate from the airline confirming that he/she is not travelling on the flight and on the seat reserved solely as a result of the seat being unavailable due to overbooking by such airline or carrier
2. The Insured/ Insured Person has complied with the carriers
   a. Terms of carriage
   b. Minimum connecting and/or check in times or if not published allowed a minimum of 2 hours for international flights and 1 hour for domestic flights

BENEFIT 28 – EMERGENCY ACCOMODATION EXPENSES

What it covers

The Company will compensate the Insured/Insured Person towards additional expenses incurred, up to the limits specified in the Schedule towards emergency accommodation in the event

a) The trip of the Insured/Insured Person is delayed, cancelled or rescheduled due to airline problems or on account of natural disasters

b) Medical problems of the Insured/Insured Person

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c) Personal employment problems of the Insured/Insured Person

BENEFIT 29 – EMERGENCY ACCOMODATION EXTENSION EXPENSES

What it covers

The Company will compensate the Insured/Insured Person towards additional expenses incurred up to the limits specified in the Schedule towards extending the accommodation in the event

a) The trip of the Insured/ Insured Person is delayed, cancelled or rescheduled due to airline problems or on account of natural disasters

b) Medical problems of the Insured/ Insured Person

c) Personal employment problems of the Insured/Insured Person

BENEFIT 30 – BUSINESS EQUIPMENT COVER

What it covers

The Company will pay up to the amount specified in the Schedule for:

1. Loss, theft or damage to the Insured/Insured Person's computer equipment, communication devices and other business related equipment which is necessarily carried by the Insured/Insured Person in the course of his/her business, subject to the single article limit for any one item, set or pair, computer equipment limit and samples limit as specified in the Schedule.
2. Buying essential items if the Insured/Insured Person's business equipment is delayed or lost in transit during the outward trip for more than specified period of time, as mentioned in the Schedule. The Insured/Insured Person must get written confirmation of the length of the delay and receipts for any items that the Insured/Insured Person has bought. The Company will take any payment that it makes from the amount of any claim if the Insured/Insured person's business equipment is permanently lost.
3. Emergency courier expenses incurred to replace business package essential to the Insured/Insured Person's intended business itinerary due to loss or damage of the business package.
4. Expenses for each 24-hour period for hiring the Insured/Insured Person's business equipment if they are delayed in transit during the outward trip for more than 24 hours. The Insured/Insured Person must get written confirmation of the length of the delay.
5. Expenses for each 24-hour period for hiring the Insured/Insured Person's business equipment, if they are lost or damaged during the trip.

What it does not cover

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

1. The applicable excess as stated in the Schedule.
2. Any loss or theft of business equipment or business money which is not reported to the police within 24 hours of discovering it and which does not have a written police report for.
3. Any loss, theft or damage to business equipment during a trip unless it is reported to the carrier and a property irregularity report is gotten for, at the time of the loss,
4. Business equipment the Insured/Insured Person have left unattended in a public place.
5. Any loss or theft from unattended motor vehicles unless the business equipment was in a locked boot or locked and covered luggage compartment of the vehicle and there is evidence of forcible and violent entry to the vehicle.
6. Any loss, theft or damage to business equipment carried on a vehicle roof rack.
7. Any item, set or pair where the Insured/Insured Person is unable to provide reasonable proof of ownership or value.
8. Any loss, theft or damage to business equipment shipped as freight or under a Bill of Lading.
9. If the business equipment of the Insured/Insured Person is delayed or held by customs or other officials legally taking the business equipment of the Insured/Insured Person.
10. Mysterious disappearance or unexplained losses.
11. Damage due to gradually developing flaws, defects, cracks or partial fractures in any part not necessitating immediate stoppage although at some future time repair or replacement of the parts affected may be necessary
12. Deterioration of or wearing away or wear-out of any item caused by or naturally resulting from normal use of exposure

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13. Faults existing at the time of commencement of this insurance and known to the Insured, regardless of whether such faults or defects were known to the Company or not.
14. Any fault or defect for which the manufacturer or supplier of the damaged item is responsible

Special conditions

1. The Insured/Insured Person must keep all receipts for hire costs; and
2. The Company can take any payment made for Coverage under clause 4 and 5 of this section from any claim under Coverage under clause 1, 2 or 3 of this Section if the business equipment is permanently lost.

GENERAL EXCLUSIONS

(Applicable To All Benefits Under The Policy)

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

1. Any claim relating to events occurring before the commencement of the cover or otherwise outside of the period of insurance.
2. Any pre-existing disease or complications thereof
3. Treatment abroad if that is the sole reason or one of the reasons for the Insured / Insured person's temporary stay abroad.
4. Any claim if the Insured / Insured person –
   a. Is travelling against the advice of a physician;
   b. Is receiving, or is on a waiting list to receive, specified medical treatment declared in the physician's report or certificate;
   c. Has received terminal prognosis for a medical condition;
   d. Is taking part in a naval, military or air force operation.
5. Deductibles as specified in the Schedule.
6. Any claim arising out of illnesses or accidents that the Insured/ InsuredPerson has caused intentionally or by committing a crime or as a result of drunkenness or addiction (drugs, alcohol).
7. Any claim arising out of mental disorder, anxiety, stress, depression, venereal disease or any loss, directly or indirectly, attributable to HIV (Human Immuno Deficiency Virus) and/or any HIV related illness including AIDS (Acquired Immuno Deficiency Syndrome) and / or any mutant derivative or variations thereof howsoever caused.
8. Illness / injury that are results of war and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, active participation in riots, confiscation or nationalisation or requisition of or destruction of or damage to property by or under the order of any government or local authority.
9. Any act of terrorism which means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological, or ethnic purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.
10. Any claim arising from damage to any property or any loss or expense whatsoever resulting or arising from or any consequential loss, directly or indirectly, caused by or contributed to or arising from:
    a. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or
    b. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
11. Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional or semiprofessional sports persons, unless declared beforehand and necessary additional premium paid.

GENERAL CONDITIONS

(Applicable To All Benefits Under The Policy)

1. Minimum and Maximum age of the Insured / Insured person shall be 3 months up to 80 years
2. The maximum number of travel days under a single trip that may be insured, under the Policy, shall be 182 days. Provided that the Policy may be extended only once beyond the initial period of 182 days during the trip duration by a maximum of additional 183 days at the sole discretion of the Company by collecting additional premium. Provided further that for an Insured /Insured Person being up to the age of 60 years, the maximum trip duration (including any extension provided)

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shall not exceed 365 days in total. In case of an Insured / Insured Person being more than 60 years of age, the maximum trip duration (including any extension provided) shall not exceed 180 days in total.

3. The Policy start date shall be on or before the trip start date.
4. Extension of the Policy during the duration of the trip can be done only once at the sole discretion of the Company. The Insured / Insured Person shall submit a declaration letter clearly mentioning the claims filed during the original Policy duration and also that he / she is unaware of any existing health condition which could result in a claim during the extension period. In case a claim has been filed in the original Policy duration, then the Policy may be extended only if the claim filed relates to the following benefits,
   a. Dental treatment
   b. Loss of passport
   c. Total loss of checked baggage
   d. Delay of checked baggage
   e. Financial Emergency Assistance
   f. Hijack Distress Allowance
   g. Trip delay
   h. Trip cancellation & interruption
   i. Missed connection

   The extension of any Policy is at the sole discretion of the Company, and the Company is not liable to offer any reason to the Insured / Insured Person if the Policy is not extended.
5. A Policy may not be extended if a claim is already filed by the Insured / Insured Person. If the Insured /Insured Person does not declare the claims filed or the claims that are to be filed under the original Policy, then any extension of the Policy if granted shall be deemed to be invalid. No refund of premium will be given in case of extensions so invalidated. The Company will also not be liable to pay any claim filed under the extended Policy.
6. Termination of the Policy at a date earlier than the end date can be done only if the Insured / Insured Person returns back to the Republic of India earlier than the end date of the Policy. Refund of premium for the days between the arrival date and the end date of the Policy will only be given if the same are exceeding 10 days. A cancellation charge will be deducted from the refund premium. Premium refunded will be equal to the amount of premium to be paid for the original Policy duration minus the premium to be paid by taking the arrival date as the new end date. No refunds will be given on Policies with claims.
7. The premium payable for the extension of the Policy during the trip duration shall be the premium payable for the overall trip duration (including the extension) less the initial premium already paid.
8. Policy is applicable for one-way travel also, including immigration travel with the condition that the maximum duration of coverage will be 60 days.
9. The Insured / Insured shall take all reasonable precautions to prevent illness and injury in order to minimize claims. Failure to do so will prejudice the Insured/Insured Person's claim under this Policy.
10. The Insured / Insured Person shall provide the Company with the details of the trip and other information as may be required by the Company from time to time.
11. Deductible will be charged for each separate incident reported for claims payment, even though the claim may be registered under the same benefit more than once.
12. Claim Procedure - **What is to be done in case of a claim?**
    a. The Insured / Insured Person shall immediately contact the Help Line of Emergency Assistance Service Provider stating necessary details. The details of phone numbers and Help Line are given in the Schedule attached to this Policy.
    b. The Insured / Insured Person needs to contact the Help Line number while abroad as soon as possible and inform in case the Insured / Insured Person is/will be filing any claim, even if assistance is not required. The Company will not be liable to pay any claim that has not been informed by the Insured / Insured Person while abroad to the Help Line.
    c. The Help Line of the Emergency Assistance Service Provider will verify the identity of the caller by asking appropriate information.
    d. In the event of a illness / injury where it is not possible contact the Help Line before consulting a Physician or going to the Hospital, the Insured / Insured Person shall contact the Help Line as soon as possible. In either case, when being admitted as a patient, the Insured / Insured Person shall show the concerned Physician or personnel this Policy.
    e. In case financial emergency assistance is required, the Insured / Insured Person shall immediately contact the Help Line of the Emergency Assistance Service Provider stating the details of his / her Policy along with the police report containing the passport number and a written statement narrating the incident of loss i.e. causes, circumstances and

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the place. Failure to do so may prejudice the Insured / Insured person's claim.

f. In case of Medical Expenses, Dental Treatment, Repatriation of Mortal Remains and Financial Emergency Assistance, the Company's liability will only attach if these are incurred with the approval of Emergency Assistance Service Provider.

g. In case of Hijacking, the fact of the incident having occurred should be confirmed by police authorities. The police report should contain details such as the passport number of the Insured / Insured Person, the period of hijack, etc. In rare cases, the Company may consider other supporting documents such as a report issued by the airlines, newspaper reports, TV and other media coverage with regard to the particular hijacking incident.

13. Claims Settlement - **How to get the claim paid?**

a. If the procedure stated above is complied with, Emergency Assistance Service Provider, as the case may be, will guarantee to the Hospital / other providers the costs of hospitalisation, transportation for emergency services, transportation home of the Insured / Insured Person including accompanying person, if any, and provide financial emergency assistance to the Insured / Insured Person. All costs will be directly settled by Emergency Assistance Service Provider on the Company's behalf and the same shall constitute due discharge of the Company's obligations hereunder.

b. If the Hospital / other providers do not accept the guarantee of payment from Emergency Assistance Service Provider, the Company cannot be held liable for the same. The cost will then have to be borne by the Insured / Insured Person and the same will then be reimbursed by the Emergency Assistance Service Provider / the Company on submission of required documents.

c. Reimbursement of all claims (except claims under Financial Emergency Assistance) will be made by the Emergency Assistance Service Provider / the Company in Indian Rupees on the Insured / Insured Person's return back to the Republic of India, at the exchange rate specified by the Reserve Bank of India, as applicable on the date the amount is billed. Claims under Financial Emergency Assistance shall be settled / arranged directly to the Insured / Insured Person, whilst abroad, by the Emergency Assistance Service Provider.

d. In case of claim under home burglary insurance, the loss shall be intimated to the Company and the Company shall appoint an independent surveyor to assess the loss.

14. Claim Documentation - **What documents I need to submit?**

a. The original ticket / boarding pass or a copy of the passport indicating the travel dates must be submitted with every claim, along with the completed claim form.

b. Original bills / vouchers / reports and discharge summary must be submitted along with all claims.

c. Bills / vouchers / reports / discharge summary must mention the name of the person treated, the type of illness, details of the individual items of medical treatment provided and the dates of treatment. Prescriptions must clearly show the medicines prescribed. The pharmacy bills must clearly show the price and bear the receipt stamp of the pharmacy. In the case of dental treatment, the bills / vouchers / reports must give the details of the tooth treated and the treatment performed. Treatment taken on different dates for separate ailments will be treated as separate claims. The claim forms should clearly indicate the same and supporting documents should be provided for each one. Deductible will apply to each claim separately.

d. For reimbursement of the costs of transporting the mortal remains of the Insured / Insured Person to the Republic of India or of costs of burial abroad, an official death certificate and a physician's statement giving the cause of death needs to be submitted. Medical statements from spouses/ relatives will not be accepted. Original bills / receipts of expenses incurred need to be submitted also. These would be paid as per the usual and customary charges incurred for the same.

e. For reimbursement of extra expenses of transportation of Insured/ Insured Person to the Republic of India, a medical statement from a registered Physician indicating the cause of illness and the necessity of transportation needs to be submitted. Medical statements from spouses/ relatives will not be accepted. Original bills / receipts of the expenses incurred need to be submitted also. These would be paid as per the usual and customary charges incurred for the same.

f. For loss of passport, a Police Report obtained within 24 hours of the Insured / Insured person becoming aware of the theft needs to be submitted. Along with this, original bills / receipts of expenses incurred for new / fresh passport needs to be submitted.

g. In case of total loss of checked-in baggage, a Property Irregularity Report or other report usually issued by the common carriers in the event of loss of checked-in baggage will need to be submitted with the claim form. A letter from the

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airline will also need to be submitted stating the compensation, if any received from them for the lost baggage.

h. Adequate proof of ownership of items contained within checked-in baggage valued in excess of the Indian Rupee equivalent of US$ 100 for loss/delay of checked-in baggage will need to be submitted.

i. Original bills of emergency items purchased and the Property Irregularity Report or any such other report from the airline stating the date and time of arrival of delayed baggage needs to be submitted in case of delay of checked-in baggage claims.

j. For personal accident, original bills / vouchers / reports / discharge summary are to be submitted, mentioning the name of the person treated, the cause of accident, details of the individual items of medical treatment provided and the dates of treatment. In case of death a Post mortem report, shall also be submitted.

k. For personal liability, proof of judicial decision rendered by a Court needs to submitted.

l. For claims under financial emergency assistance benefit, the police report filed within 24 hours of becoming aware of the robbery needs to be submitted.

m. For claims under trip delay the following documents need to be furnished. Medical reports and doctors' statement or police report confirming the incident causing the trip delay. In case the delay is owing toillness, injury or death of a travelling companion, the original tickets of the Insured / Insured Person and the travelling companion indicating travel to the same destination on the same dates. It should contain the Passport number of the Insured / Insured Person and period. All original bills / receipts of reasonable additional expenses incurred and/or proof of cancellation charges levied by the carriers shall be submitted.

n. For claims under trip cancellation and interruption the following documents need to be submitted. Medical reports and doctors statement if trip is cancelled or interrupted due to medical reasons. If due to employment, termination letter from the company. If due to other events, police report confirming the incident shall be submitted. In case ofillness, injury or death of a travelling companion, the original tickets of the Insured / Insured person and the travelling companion indicating travel to the same destination on the same dates. It should contain the Passport number of the Insured / Insured Person and period. All original bills / receipts of reasonable additional expenses incurred and/or proof of cancellation charges levied by the carriers shall be submitted.

o. For claims under missed connection the following documents need to be submitted i.e. confirmation from the airline, mentioning the scheduled arrival time and the actual arrival time. The reason for delay in the flight also needs to be mentioned. All original bills / receipts of reasonable additional expenses incurred and / or proof of cancellation charges levied by the carriers shall be submitted.

p. Any other document(s) that the Company may require from the Insured / Insured Person to process a claim may be asked for. If the Emergency Assistance Service Provider or the Company request that bills / vouchers in a foreign language be accompanied by an appropriate translation then the costs of such translation must be borne by the Insured / Insured Person.

q. Claim documents to be submitted in event of a claim benefit under home burglary insurance are

- First Information Report from the Police
- Panchnama
- Investigation Report by the Police
- Estimate and final bills of repairers
- Invoices of owned articles, if required by the Company
- And any other document as may be appropriately applicable for the claims preferred under this benefit.

15. Obligations of the Insured / Insured person:

a. Claims for benefits must be submitted to the Emergency Assistance Service Provider not later than one (1) month after the completion of the treatment or transportation home, or in the event of death, after transportation of the mortal remains/ burial.

b. Insured / Insured Person shall provide to the Emergency Assistance Service Provider on demand any information that is required to determine the occurrence of the insurable event or the Company's liability to pay the benefits. In particular, upon request, proof shall be furnished of the actual commencement date of the trip.

c. If requested to do so by the Emergency Assistance Service Provider, the Insured / Insured Person is obliged to undergo a medical examination by a physician designated by the Emergency Assistance Service Provider.

d. Emergency Assistance Service Provider is authorized by the Insured / Insured Person to take all measures that are

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suitable for loss prevention and claim minimization which includes the Insured / Insured Person's transportation back to the Republic of India.

e. The Company shall be released from any obligation to pay benefits under this Policy, if any, of the aforementioned obligations are breached by the Insured / Insured person.

16. Transfer and Set-off of Claims:

a. If the Insured / Insured Person has any outstanding claims against third parties, such claims shall be transferred in writing to the Company up to the amount for which the reimbursement of costs is made by the Company in accordance with the terms hereunder.

b. In so far as an Insured / Insured Person receives compensation for costs he/she has incurred either from third parties liable for damages or as a result of other legal circumstances, the Company shall be entitled to set off this compensation against the insurance benefits payable, if any.

c. Claims to the insurance benefits may be neither pledged nor transferred by the Insured / Insured Person.

17. No sum payable under this Policy shall carry any interest /penalty.

18. The cover applies to all countries stated in the Schedule except the Republic of India where the Insured / Insured Person has a permanent place of residence, except as otherwise provided.

19. In the event of the Insured / Insured Person's death, the Company shall have the right to demand the submission of a post mortem / autopsy report.

STANDARD TERMS AND CONDITIONS (APPLICABLE TO ALL BENEFITS UNDER THE POLICY):

1. Duty of Disclosure

The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or nondisclosure of any material fact.

In the event of untrue or incorrect statements, misrepresentation, misdescription or non-disclosure of any material particulars in the proposal form, personal statement, declaration and connected documents, or any material information having been withheld, or a Claim being fraudulent or any fraudulent means or device being used by the Policyholder/ Insured Person or any one acting on his/ their behalf to obtain a benefit under this Policy, the Company may cancel this Policy at its sole discretion and the premium paid shall be forfeited in its favor.

2. Observance of terms and conditions

The due observance and fulfillment of the Policy Terms & Conditions and Endorsements of this Policy in so far as they relate to anything to be done or complied with by the Policyholder / Insured Person, shall be a condition precedent to any of the Company's liability to make any payment under this Policy.

3. Reasonable Care

The Insured / Insured person shall take all reasonable steps to safeguard the interests of the Insured / Insured Person against accidental loss or damage that may give rise to a claim.

4. Material change

The Policyholder shall immediately notify the Company in writing of any material change in the risk on account of change in occupation / business at his own expense and the Company may adjust the scope of cover and/or premium, if necessary, accordingly.

5. Records to be maintained

The Policyholder/ Insured Person shall keep an accurate record containing all relevant medical & other relevant 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 Period and up to three years after the policy expiration, or until final adjustment (if any) and resolution of all Claims under this Policy.

6. No constructive Notice

Any knowledge or information of any circumstance or condition in relation to the Policyholder/ Insured Person which is in possession of the Company and not specifically informed by the Policyholder / Insured Person shall not be held to bind or prejudicially affect the Company notwithstanding subsequent acceptance of any premium.

7. Complete discharge

Payment made by the Company to the Policyholder/ adult Insured Person or the Nominee of the Policyholder or the legal representative of the Policyholder or to the Hospital, as the case may be, of any Medical Expenses or compensation or

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benefit under the Policy shall in all cases be complete and construe as an effectual discharge in favor of the Company.

8. Special Provisions

Any special provisions subject to which this Policy has been entered into and endorsed in the Policy or in any separate instrument shall be deemed to be part of this Policy and shall have effect accordingly.

9. Electronic Transactions

The Policyholder/ Insured Person agrees to adhere to and comply with all such terms and conditions as the Company may prescribe from time to time, and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of the Company, for and in respect of the Policy or its terms, or the Company'sother products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time.

10. Duties of the Insured / Insured person on occurrence of loss

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

a) Forthwith file / submit a Claim Form in accordance with 'Claim Procedure'.

b) Allow the Surveyor or any agent of the Company to inspect the lost / damaged properties premises /goods.

c) Assist and not hinder or prevent the Company or any of its agents in pursuance of their duties.

d) Not to abandon the insured property / items in the premises, nor take any steps to rectify / remedy the damage before the same has been approved by the Company or any of its agents or the Surveyor.

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

11. Right to inspect

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

12. Position after a claim

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

13. Indemnity

The Company may at its option, if applicable reinstate, replace or repair the property or premises lost or damaged or any part thereof instead of paying the amount of loss or damage or may join with any other insurer in so doing. The Company shall not be bound to reinstate exactly or completely but only as circumstances permit and in reasonably sufficient manner. In no case shall the Company be bound to expend more in reinstatement than it would have cost to reinstate such property as it was at the time of the occurrence of such loss or damage and in any event not more than the sum Insured Person thereon. If in any case the Company shall be unable to reinstate or repair the insured property/item, because of any law or other regulations in force affecting insured property or otherwise, the Company shall, in every such case, only be liable to pay such sum as would be requisite under this Policy.

14. Subrogation

Subrogation shall mean the right of the Company to assume the rights of the Insured Person / Policyholder to recover expenses paid out under the Policy that may be recovered from any other source.

The Policyholder/ Insured Person shall at his own expense do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by the Company for the purpose of enforcing and/or securing any civil or criminal rights and remedies or obtaining relief or indemnity from any other party to which the Company is/or would become entitled upon the Company paying for a Claim under this Policy, whether such acts or things shall be or become necessary or required before or after its payment. Neither the Policyholder nor any Insured Person shall prejudice

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IRDAI Registration No. 103 IndusInd General Insurance Company Limited (Formerly known as Reliance General Insurance). An ISO 9001:2015 Certified Company For complete details on the benefits, coverage, terms & conditions and exclusions, do read the sales brochure, prospectus and policy wordings carefully before concluding sale. Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063. Corporate Identity Number: U66603MH2000PLC128300. IndusInd Corporate Flexi Travel Care Insurance Policy. UIN No.: RELTIOP07004V010607. IGI/MCOM/CO/ICFTCIP/PW/Ver. 1.0/060226.

these subrogation rights in any manner and shall at his own expense provide the Company with whatever assistance or cooperation is required to enforce such rights. Any recovery the Company makes pursuant to this clause shall first be applied to the amounts paid or payable by the Company under this Policy and any costs and expenses incurred by the Company of affecting a recovery, where after the Company shall pay any balance remaining to the Policyholder. This clause shall not apply to any Benefit offered on fixed benefit basis.

15. Contribution

Contribution is essentially the right of the Company to call upon other Insurers liable to the same Insured to share the costs of an indemnity claim on a rateable proportion of Sum Insured.

If at the time when any Claim arises under this Policy, there is any other insurance which covers (or would have covered but for the existence of this Policy), the same Claim (in whole or in part), then the Company shall not be liable to pay or contribute more than its ratable proportion of any Claim.

This clause shall not apply to any Benefit offered on fixed benefit basis.

16. Fraudulent claims

If a Claim is in any way found to be fraudulent, or if any false statement, or declaration is made or used in support of such a Claim, or if any fraudulent means or devices are used by the Policyholder / Insured Person or anyone acting on his/ their behalf to obtain any benefit under this Policy, then this Policy shall be void and all claims being processed shall be forfeited for all Insured Persons and all sums paid under this Policy shall be repaid to the Company by the Policyholder / all Insured Persons who shall be jointly liable for such repayment.

17. Cancellation

The Company may at any time, cancel this Policy, by giving 7 days notice in writing by Registered Post Acknowledgment Due to the Insured / Insured Person at his last known address in which case the Company shall be liable to repay on demand a rateable proportion of the premium for the unexpired term from the date of the cancellation

18. Cause of Action

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

19. Policy Disputes

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

20. Limitation Period

In no case whatsoever the Company shall be liable for any Claim under this Policy, if the requirement of Clause 13,14 & 15 above are not complied with, unless the Claim is the subject of pending action; it being expressly agreed and declared that if the Company shall disclaim liability for any Claim hereunder and such Claim shall not within 12 calendar months from the date of the disclaimer have been made the subject matter of a suit in court of law then the Claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable.

21. Withdrawal/Revision/Modification of the Product

The Company reserves the right to withdraw, revise or modify this product /policy in the future. The revision/modification may be in respect of Benefits, coverages, premiums, policy terms and conditions &/or exclusions.

In the event of any such withdrawal of product the company will notify in advance to the policyholder providing him the option to port to the specified existing health products of the company with continuity benefit.

In the event of any revision or modification of the product/terms of policy/premium, the company will notify the policyholder 3 months in advance of such changes.

22. Payment of Interest

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 of 2 % above the bank rate for the period of delay.

23. Communication

Any communication meant for the Company must be in writing and be delivered to its address shown in the Policy Schedule. Any communication meant for the Policyholder will be sent by the Company to his last known address or the address as shown in the Policy Schedule. All notifications and declarations for the Company must be in writing and sent to the address specified in the Policy Schedule. Agents are not authorized to receive notices and declarations on the Company's behalf. Notice and instructions will be deemed served 10 days after posting or immediately upon receipt in the

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case of hand delivery, facsimile or e-mail.

24. Overriding effect of Policy Schedule

In case of any inconsistency in the terms and conditions in this Policy vis-avis the information contained in the Policy Schedule, the information contained in the Policy Schedule shall prevail.

25. Pre-policy Health Check up

The full cost of any pre-policy health check up wherever required shall be borne by the PolicyHolder / Insured Person.

26. Customer Service

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

27. Grievances

If the Policyholder has a grievance that the Policyholder wishes the Company to redress, the Policyholder may contact the Company with the details of his grievance through:

Website: https://www.indusindinsurance.com
E-mail: services@indusindinsurance.com
Telephone: (022) 4890 3009 (Paid)
Post/Courier: Any branch office, the correspondence address, during normal business hours.
Write to us at (Correspondence Only): IndusInd General Insurance, Correspondence Unit, 301-302, Corporate House RNT Marg, Opp. Jhabua Tower, Indore, Madhya Pradesh, India – 452001.
For further details on Grievance redressal procedure please refer: https://www.indusindinsurance.com/Insurance/About-Us/Grievance-Redressal.aspx
IRDAI Integrated Grievance Management System https://igms.irda.gov.in/

If the Policyholder is not satisfied with the Company's redressal of the Policyholder's grievance through one of the above methods, the Policyholder may approach the nearest Insurance Ombudsman for resolution of the grievance. The contact details of Ombudsman offices are mentioned below:

OMBUDSMAN OFFICE			
Office of the Ombudsman	**Address**	**Contact Details**	**Areas of Jurisdiction**
AHMEDABAD	Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380 001.	Tel.: 079 - 27546150/27546139 Fax: 079 - 27546142 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, UT of Dadra & Nagar Haveli, Daman and Diu
BENGALURU	Office of Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560078.	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 & Chhattisgarh

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BHUBANESHWAR	Office of the Insurance Ombudsman, 62, Forest park, Bhubaneshwar – 751 009.	Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneshwar@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, Himachal Pradesh, Jammu & Kashmir, UT of 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, UT - Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
DELHI	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002.	Tel.: 011 - 23239633 / 23237532 Fax: 011 - 23230858 Email: bimalokpal.delhi@cioins.co.in	Delhi
GUWAHATI	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar Over Bridge, S.S. Road, Guwahati – 781001 (ASSAM).	Tel.: 0361 - 2132204 / 2132205 Fax: 0361 - 2732937 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 - 65504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana and UT of Yanam - a part of UT of Pondicherry.
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, LIC OF INDIA, 10th Floor, 'Jeevan Prakash', Divisional Office, M. G. Road, Ernakulam, Kochi – 682011.	Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, UT of (a) Lakshadweep, (b) Mahe-a part of UT 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, UT of Andaman & Nicobar Islands, Sikkim
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: Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur,

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			Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkar Nagar, Sultanpur, Maharajgang, Sant Kabir Nagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharath Nagar.
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, Dist: 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, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Budha Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiram Nagar, 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.

The updated details of Insurance Ombudsman are available on IRDAI website: **www.irdai.gov.in**, on the website of General Insurance Council: **www.gicouncil.in**, our website **www.indusindinsurance.com**

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