EVERY DETAIL MATTERS TO YOUR HEALTH.

FIND THEM LISTED IN YOUR POLICY TERMS & CONDITIONS
I. Premature & Operating Clause

This Policy is a contract of insurance between You and Us and We will provide the insurance cover detailed in the Policy to the Insured Person's up to the Sum Insured limits specified in the Policy Schedule/ Certificate of Insurance, subject to:

(i) the terms, conditions, exclusions and waiting periods applicable under this Policy,
(ii) the receipt of Premium against each benefit applicable, in full,
(iii) the Disclosure to Information norm (including by way of the Proposal or Information Summary Sheet) in respect of all insured persons and
(iv) the limits and conditions specified under Policy Schedule/Certificate of Insurance.

Definitions

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

Alternative Treatments: Alternative Treatments are forms of Treatments other than "allopathy" or "modern medicine" and includes Ayurveda, Unani, Siddha, Homeopathy and Naturopathy in the Indian context.

Annexure: Annexure means a document attached as a part to this Policy and marked as Annexure.

Annual Renewal Date: Annual Renewal Date means the anniversary of the Inception date each year of the insurance cover written by or on behalf of all Insured Persons under the Policy Schedule/Certificate of Insurance. If at any time the total value of unpaid claims, if paid, would result in this Aggregate Limit being exceeded, the pay outs under the individual Benefits attributable to those outstanding claims shall be reduced pro rata as necessary to ensure that this Aggregate Limit is not exceeded.

Aggregate Limit: Aggregate Limit means the Company's total and cumulative liability under the Benefit or the set of Benefits as specified in the Policy Schedule or Policy Certificate in respect of the insured Person named in the Policy Schedule/ Certificate of Insurance. It is the total amount which we will pay for all claims made under the individual Benefits attributed to those outstanding claims for an insured Person, as a result of a single event, in respect of the Insured Person named in the Policy Schedule/Certificate of Insurance.

Associated Medical Expenses: Associated Medical Expenses shall include Room Rent, nursing and medication cost, if we have agreed to pay any such cost in the Policy Schedule or Certificate of Insurance.

AYUSH Hospital: An AYUSH Hospital is a healthcare facility wherein medical/ surgical/ para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising any of the following:

i. Central or State Government AYUSH Hospital; or

ii. Teaching hospitals attached to AYUSH College recognized by Central Government / Central Council of Indian Medicine and Central Council of Homeopathy; or

iii. Teaching hospitals having a facility of in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criteria:

a) Having at least five in-patient beds;

b) Having qualified AYUSH Medical Practitioner in charge round the clock;

c) Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;

d) Maintaining daily record of the patients and making them accessible to the insurance company's authorized representative.

Benefit: Benefit means any benefit under the Policy, as opted and available for the Insured Person and specified in the list of benefits in the Policy Schedule/ Certificate of Insurance.

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

Carcinoma-in-situ: Carcinoma-in-situ shall mean a histologically proven, localized pre-invasion lesion where cancer cells have not yet penetrated the basement membrane or invaded (in the sense of infiltrating and / or actively destroying) the surrounding tissues or stroma in any one of the following covered organ groups, and subject to any classification stated:

a. Breast, where the tumour is classified as Tis according to the TNM Staging method; and

b. Corpus uteri, vagina, vulva or fallopian tubes where the tumour is classified as Tis according to the TNM Staging method or FIGO* Stage 0;

c. Cervix uteri, classified as cervical intraepithelial neoplasia grade III (CIN III) or as Tis according to the TNM Staging method or FIGO* Stage 0;

d. Ovary - include borderline ovarian tumours with intact capsule, no tumour on the ovarian surface, classified as T1aN0M0, T1bN0M0 (TNM Staging) or FIGO 1A, FIGO 1B;

e. Colon and rectum;

f. Penis;

g. Testis;

h. Lung;

i. Liver;

j. Stomach and esophagus;

k. Urinary tract, for the purpose of in-situ cancers of the bladder, stage Ta of papillary carcinoma is included.

l. Nasopharynx

For purposes of this Policy, Carcinoma-in-situ must be confirmed by a biopsy.

*FIGO refers to the staging method of the Federation Internationale de Gynecologie et d’Obstetrique.

Pre-malignant lesions and Carcinoma-in-situ of any organ, unless listed above, are excluded.

Catastrophe: Catastrophe means an unexpected natural or man-made event, such as an earthquake, tsunami, flood, civil unrest, mass band or riot which causes widespread loss, damage, or destruction.

Certificate of Insurance/ Policy Certificate: Certificate of Insurance means the certificate We issue to the Insured Person confirming the Insured Person's cover under the Policy.

Checked-in Baggage: Checked-in Baggage means each suitcase or baggage handed over by the Insured Person and accepted by a Common Carrier for transportation in the same Common Carrier in which the Insured Person is or would be travelling, and for which the Common Carrier has issued a baggage tag.

Checked-in Baggage Exclusions: Checked-in Baggage excludes all items that are carried transported under any contract of affreightment.

Common Carrier: Common Carrier means transportation which is available as a public service and/or used for the transportation of authorized passengers.

Common Carrier (Specific to Covers under Travel Section): Common Carrier means any civilian land or water conveyance, or scheduled aircraft operating under a valid license in the respective jurisdiction for the transportation of authorized passengers.


Complementary treatment: Complementary treatment means:

i. Physiotherapy: Treatment of an illness, injury or deformity through physical methods such as massage, heat treatment, etc.

ii. Acupuncture: The application of pressure (as with the thumbs or fingers) to the same discrete points on the body stimulated in acupuncture that is used for its therapeutic effects (such as the relief of tension or pain).

iii. Acupuncture: Acupuncture is a form of alternative medicine in which thin needles are inserted into the body for treatment of various physical and mental conditions.

iv. Chiropractic: A specially supplementary medicine to devoted to the care of the feet and the treatment of minor bone complaints such as improving bunions, plantar warts, foot strain, flat feet and the care of the feet of diabetics.

v. Osteopathy: A system of medicine based on the theory that disturbances in the musculoskeletal system affect other bodily parts, causing many disorders that can be corrected by various manipulative techniques in conjunction with conventional medical, surgical, pharmacological and other therapeutic procedures.

vi. Homeopathy: A system of complementary medicine in which ailments are treated by minute doses of natural substances that in larger amounts would produce symptoms of the ailment.

vii. Ayurveda: as science of life. Based on the Vedas, the Hindu books of knowledge and it is the traditional Hindu system of medicine (incorporated in Vedas), which provides an integrated approach for prevention and treatment of illness through lifestyle interventions and natural herbal therapies.

Condition Precedent: Condition Precedent means a policy term or condition upon which the Insurer’s Liability under the Policy is conditional upon.

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

i) Internal Congenital Anomaly

ii) External Congenital Anomaly which is in the visible and accessible parts of the body.

Contents (Specific to Covers under Travel Section): Contents mean and include Appliances, furniture, fixture, fittings, linen, clothing, kitchen items, cutlery /crockery contained in the Insured Person’s home belonging to the Insured Person or to any Immediate Family Members permanently residing with the Insured Person including items for which the Insured Person is responsible, and used for domestic use. However, Contents does not include any deeds, bonds, bills of exchange, promissory notes, cheques, traveller’s cheques, and securities for money, documents of any kind, cash and currency notes.

Contribution: Contribution is essentially the right of an insurer to call upon other insurers liable to the Insured Person to share the cost of an indemnity claim on a ratable proportion of the risk for which the Insured Person is responsible.

Coverage Commencement Date: Coverage Commencement Date means the date specified in the Policy Schedule/Certificate of Insurance on which the Company’s coverage under the Policy in respect of the Insured Person named in the Policy Schedule/ Certificate of Insurance commences.

Critical Illness: Critical Illness shall mean illnesses listed below or as customized for a Policy and is under the supervision of a qualified registered AYUSH Medical Practitioner and must be confirmed by a biopsy.

i. Aplastic Anemia

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Cruise: Cruise means a Trip involving a sea voyage of at least 2 hours of total duration (unless specified otherwise), where transportation and accommodation is primarily on an ocean going Common Carrier.

Cumulative Bonus: Cumulative Bonus means any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium.

Day Care Centre: Day Care Centre means any institution established for day care treatment of illness and/or injuries or a medical set-up with a hospital and which has been registered with the local authorities, under the applicable enactments specified under the Schedule of Section 56 (1) of the said act Or complies with all minimum criteria as under:-
- has qualified nursing staff under its employment;
- has qualified medical practitioner(s) in charge;
- has a fully equipped operation theatre of its own where surgical procedures are carried out;
- maintains daily records of patients and will make these accessible to the insurance company’s authorized personnel.

In respect of US based admissions, this also includes Surgical Procedures carried out in the Medical Practitioner’s surgery.

Day Care Treatment: Day Care Treatment means medical treatment, and/or surgical procedure which
i. undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
ii. which would have otherwise required a hospitalization of more than 24 hours.

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

Deductible: Deductible is a cost sharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified currency amount in case of indemnity policies and for a specified number of days in case of cash policies until any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.

Dental Treatment: Dental Treatment means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

EASP: EASP, also known as an Emergency Assistance Service Provider or EASP means a Third Party Administrator or any organization or institution appointed by the Company, as an independent contractor, for providing services to the Insured Person for an insured Event covered under this Policy. EASP shall also include any Medical Practitioners empanelled by the EASP for seeking Medical Advice or opinion.

Effective Date: Effective Date means the date shown on the Certificate of Insurance on which the Insured Person was first included under the Policy.

Eligibility: Eligibility means the provisions of the Policy that state the requirements to be complied with.

Emergency: Emergency shall mean a serious medical condition or symptom resulting from injury or illness which is serious and unexpectedly, and requires immediate care and treatment by a Medical Practitioner, generally received within 24 hours of onset to avoid jeopardy to life or serious long term impairment of the Insured Person’s health, until stabilisation at which time this medical condition or symptom is no longer a medical emergency for the purposes of this Policy.

Emergency Care: Emergency Care means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person’s health.

Emergency Hospitalization: Emergency Hospitalization means admission of the Insured Person in a Hospital as an in-patient for a minimum period of 24 consecutive hours for an illness contracted or

Injury sustained by an Insured Person in an Accident, which occurs suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the Insured Person’s health, as prescribed by a Medical Practitioner.

Employee: Employee means any member of Your staff who is proposed and sponsored by You who becomes an Insured Person.

Exclusions: Exclusions mean specified coverage, hazards, services, conditions, and the like that are not provided for (covered) under a particular health insurance contract.

Expiry Date: Expiry Date means the date on which this Policy expires as specified in the Policy Schedule.

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

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

Foreign Medical Practitioner: Foreign Medical Practitioner means a group of individuals, entity or country, who intend to cause injury, or commission an act dangerous to human life or property in the location where the Insured Person is travelling to, by use of hostile force or violence.

Fracture: Fracture means a break in the continuity of the bone which is evidenced by an X-ray and certified by the attending Medical Practitioner.

Grace Period: Grace Period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.

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

Hospitalisation: Hospitalisation means admission in a Hospital for a minimum period of 24 consecutive

In-patient Care/ hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

ICU Charges: ICU Charges means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensive charges.

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

a. Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before such condition came to exist.

b. Chronic condition - A chronic condition is a disease, illness or injury that has one or more of the following characteristics:

i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/or tests

ii. it needs ongoing or long-term care or relief of symptoms

iii. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it

iv. it causes permanent or indelible disabilities

v. it recurs or is likely to recur

Immediate Family Member: Immediate Family Member means legally wedded spouse, children (natural or legally adopted), parents, parent in laws of the Insured Person (or any relation as defined in the Policy).

Inception Date: Inception Date means the inception date of this Policy as specified in the Policy Schedule when the coverage under the Policy becomes effective for the Insured Persons and their dependents.

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

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

In-patient: In-patient means an Insured Person who is admitted to hospital and stays for at least 24 hours for the sole purpose of receiving treatment.

In-patient Care: In-patient Care means the medical treatment of the Insured Person for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

Insured Event: Insured Event means an event, loss or damage specifically described as covered by the Policy and specified in the Schedule of Section 56 (1) of the said act.

Insured Person: Insured Person means the member or Dependents named in the Policy Schedule who is/are covered under this Policy, for whom the insurance is proposed and the appropriate premium has been paid.

Intended Destination(s): Intended Destination(s) means area(s) which appear on the scheduled

Travelling Companion requiring medical treatment.

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

Kidney Failure Requiring Regular Dialysis: Kidney Failure Requiring Regular Dialysis means the medical condition or symptom resulting from injury or illness which is serious and unexpectedly, and requires immediate care and treatment by a Medical Practitioner, generally received within 24 hours of onset to avoid jeopardy to life or serious long term impairment of the Insured Person’s health, until stabilisation at which time this medical condition or symptom is no longer a medical emergency for the purposes of this Policy.

LIMOUSINE (including Self-drive Limousine): LIMOUSINE (including Self-drive Limousine) means any vehicle having four or more wheels, with a seating capacity of six or more persons and designed primarily for the transportation of passengers.

Medical Practitioner: Medical Practitioner means any person who is a Medical Practitioner as defined in the Indian Medical Council Act, 1956 or any other person who is legally entitled to practice medicine.

Malignant lesion: Malignant lesion means a growth within the body which includes any growth that is cancerous or malignant in nature.

Motor Neurone Disease with Permanent Symptoms: Motor Neurone Disease with Permanent Symptoms means a disease which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:

• the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or

• the patient takes treatment at home on account of non-availability of room in a hospital.

Early Stage Cancer: Early Stage Cancer shall mean the presence of one of the following malignant conditions:

a. Tumour of the thyroid histologically classified as T1NM0) according to the TNN classification;

b. Prostate tumour should be histologically described as T1N0M0 or T1b or T1c are of another equivalent or lesser classification;

c. Chronic lymphocytic leukaemia classified as Rai Stage I or II;

d. Basal cell and squamous cell skin cancers that have spread to distant organs beyond the skin.

e. Hodgkin’s lymphoma Stage I by the Cotswolds classification staging system.

The Diagnosis must be based on histopathological features and confirmed by a Pathologist. Pre-malignant lesions and conditions, unless listed above, are excluded.

EAST: EASP, also known as an Emergency Assistance Service Provider or EASP means a Third Party Administrator or any organization or institution appointed by the Company, as an independent contractor, for providing services to the Insured Person for an insured Event covered under this Policy. EASP shall also include any Medical Practitioners empanelled by the EASP for seeking Medical Advice or opinion.

Effective Date: Effective Date means the date shown on the Certificate of Insurance on which the Insured Person was first included under the Policy.
Life Threatening Condition: Life Threatening Condition means a medical condition suffered by the Insured Person which has the following characteristics:

i. Markedly unstable vital parameters (blood pressure, pulse, temperature and respiratory rate).

ii. Acute impairment of one or more vital organ systems (including brain, lungs, Liver, Kidneys and/or heart) not amenable to medical rehabilitation.

iii. Critical care being provided, which involves high complexity decision making to assess, manipulate and support vital system function(s) to treat single or multiple vital organ failure(s) and/or requires intervention of multiple physiological parameters and application of advanced technology.

iv. Critical care being provided in critical care area such as: coronary care unit, intensive care unit, respiratory care unit, or the emergency department.

Major Cancer:
A malignant tumour characterised by the uncontrollable growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term includes leukaemia, lymphoma and sarcoma.

The following are excluded:

a. Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as premalignant or noninvasive, including but not limited to:
   - Carcinoma in situ of the breasts, Cervical dysplasia CIN-1, CIN-2 & CIN-3.
   - Any skin cancer other than invasive malignant melanoma.
   - All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2NMO.
   - Papillary micro - carcinoma of the thyroid less than 1 cm in diameter.
   - Chronic lymphocytic leukaemia less than RAI stage 3.
   - All tumours of the urinary bladder histologically classified as T1N0M0 (TNM Classification) or below.
   - All tumours in the presence of HIV infection.

Maternity Expense: Maternity Expense means:

treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalisation).

Expenses towards lawful medical termination of pregnancy during the policy period.

Medical Advice: Medical Advice means any written consultation or advice from a Medical Practitioner as a result of a consultation or advice.

Medical Assistance Service: Medical Assistance Service is a service which provides medical advice, evacuation, assistance and repatriation. This service can be multi-lingual and assistance is available whether or not the Insured Person has received treatment.

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

Medical Practitioner (In India): Medical Practitioner means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medical or Oriental practitioners or the Director of any State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.

(Outside India): A Medical Practitioner means a person who holds a valid registration from the Medical Council of any country of the world to which the Insured Person is availing treatment outside India. Country of origin is that country in which the Insured Person is availing treatment outside India.

Migration: Migration means the right accorded to health insurance policyholders (including all members under family cover and members of group health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer.

Money means cash, bank drafts, current coins, bank and currency notes, treasury notes, cheques, traveller’s cheques, postal orders and current postage stamps not forming part of a collection.

Multi Trip: Multi Trip means two or more Trips to Intended Destinations during the Period of Insurance.

Multi Trip Cover: Multi Trip Cover means a cover under which the Insured Person can undertake one or more Trips during the Period of Insurance but not exceeding the maximum number of travel days specified in the Policy Certificate.


Period of Insurance (Specific to Covers under Travel Section): Period of Insurance means the period of the Policy Schedule/ Certificate of Insurance for the purpose of any Trip covered by the Policy Schedule/ Certificate of Insurance or the end of the actual Trip Duration or full utilization of the maximum number of travel days specified in the Policy Schedule/ Certificate of Insurance, whichever is earlier.

Place of Origin: Place of Origin means any place at which the Trip commences and which is specified in the Policy Schedule/ Certificate of Insurance.

Policy: Policy comprises of Policy wordings, Certificates of Insurance issued to the Insured Persons, Group Proposal Form/ Enrolment Form, Service Partner from which part of the Policy contract including endorsements, as amended from time to time which form part of the Policy contract and shall be read together.

Policy Schedule: Policy Schedule means Schedule attached to and forming part of this Policy containing the details of the Insured Persons, the available Sum Insured under a Benefit or a set of Benefits, the respective Benefit(s) in respect of an Insured Person and is as specified in the Policy Schedule and/or Certificate of Insurance against the particular Benefit(s).

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

- That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or
- For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy or its reinstatement.
- A condition for which any symptoms and or signs if presented and have resulted within three months from the issuance of the policy.

Pre-Hospitalisation Medical Expenses: Pre-hospitalisation Medical Expenses means medical expenses incurred during pre-defined number of days preceding the hospitalisation of the Insured Person.

Premium: Premium shall have to be paid in Indian Rupees and made in favour of ManipalCigna Health Insurance Company Ltd.

Pre-hospitalisation Medical Expenses means medical expenses incurred during pre-defined number of days preceding the hospitalisation of the Insured Person.

Pre-hospitalisation Medical Expenses (Outside India): Pre-hospitalisation Medical Expenses means medical expenses incurred during pre-defined number of days preceding the hospitalisation of the Insured Person.

Qualified Nurse: Qualified Nurse means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India; or is registered or licensed as such under the laws of the country, state or other regulated area in which the treatment is provided when outside of India.

Reasonable Additional Expenses (Specific to Covers under Travel Section): Reasonable Additional Expenses means any expenses for meals, temporary accommodation, emergency communication and purchases of toiletries, medication and clothing necessarily incurred by the Insured Person and not provided by the Common Carrier, or any other individual/entity, free of charge.

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

Renewal: Renewal means the terms on which the contract of insurance can be renewed on mutual consent of Insurer and Insured Person and is as specified in the Policy Schedule and/or Certificate of Insurance against the particular Benefit(s).

Life Threatening Condition means the period the Inception Date and the expiry date of the Policy as specified in the Policy Schedule or the date of cancellation of this Policy, whichever is earlier.

Single Trip Cover: Single Trip Cover means a cover under which the Insured Person can undertake only one Trip during the Period of Insurance.

Service Partner: Service Partner is an assistance company utilised by Us to support You for the purpose of the provision of all the benefits and services described in the Policy Schedule and/or Certificate of Insurance.

Semi-Professional sportsperson: Semi-Professional sportsperson shall mean those sports persons who participate in sports and get remuneration for participating, but whose primary source of income is not from sports.

Specialist: Specialist is a Medical Practitioner who:

- Has received advanced specialist training.
- Practices a particular branch of medicine or surgery.
- Holds or has held a consultant appointment in a Hospital or an appointment which We have deemed suitable.
- Has received advanced specialist training.
- Has received advanced specialist training.

Sub Limit: Sub Limit defines limitation on the amount of coverage available to cover a specific type of claim. A sub limit is part of, rather than in addition to, the limit that would otherwise apply to the deductible/coinsurance amount.

Sum Insured: Sum Insured means, subject to the terms, conditions and exclusions of this Policy, the amount representing Our maximum total liability for any or all claims arising under this Policy for which You are entitled to compensation provided that it is less than or equal to the sum assured specified in the Policy Schedule and/or Certificate of Insurance against the particular Benefit(s).

Surgery or Surgical Procedure: Surgery or Surgical Procedure means manual or 'operative procedures' (required for treatment of an injury or illness, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.

Note: This document is an excerpt from the ManipalCigna FlexiCare Group Insurance Policy UIN: MCIHLGP20120V011920 | April 2020. For more details, please refer to the complete policy document.
Surgical appliance and/or Medical Appliance:
-- An artificial limb, prosthesis or device which is required for the purpose of or in connection with the bodily function or appearance of the Insured Person.
-- An artificial device or prosthesis which is a necessary part of the treatment immediately following Surgery for as long as required by medical necessity.
-- A prosthesis or appliance which is medically necessary and is part of the rehabilitation process on a short-term basis.

Thief: An act of illegal, permanently and directly or indirectly depriving the Insured Person of his or her personal belongings or any property by violent or forcible means.

Third Party Administrator TPA: Third Party Administrator (TPA) means a company registered with the Authority, and engaged by an insurer, for a fee or by whatever name called and as may be specified in the health services agreement, for providing health services as mentioned under these regulations.

Travelling Companion: Travelling Companion means an individual or individuals travelling with the Insured Person, provided the Insured Person and such individual(s) are travelling to the same Intended Destination and on the same date and such individual(s) is/are also insured with the Company. For the purpose of this definition, any individual(s) forming part of a group travelling on a tour arranged by a travel agent or a tour operator shall not be considered as Travelling Companion unless the individual(s) is/are Immediate Family Members of the Insured Person.

Treatment: Treatment means any relevant treatment controlled or administered by a Medical Practitioner to cure or substantially relieve illness within the scope of the Policy.

Trip: Trip means a planned journey for which the Insured Person is covered under this Policy, and which commences when the Insured Person reaches a Port in the Place of Origin to board a Common Carrier for the purpose of travelling to an Intended Destination within India or on or after the Coverage Commencement Date, and terminates upon the return of the Insured Person back to the Place of Origin, or any other Port in Place of Origin before the coverage expiry date and as specified in the Policy Schedule / Certificate of Insurance.

Trip Duration: Trip Duration means the period of time within the Period of Insurance that the Insured Person is under cover. A Trip which insurance is effective under the Policy.

Unproven/Experimental Treatment: Unproven/Experimental Treatment means treatment, including drug experimental therapy, which is not based on established medical practice, in India or in country specified in the Policy Schedule, is treatment experimental or unproven.

Values: Valuables mean and include photographic, audio, video, computer and any other electronic and electrical equipment, cellular phones, data, business goods, telecommunications and electrical equipment, documents and any accessories, sculptures, manuscripts, rare books, plan, medals, mounds, designs, telescopes, binoculars, antiques, watches, jewellery, furs and articles made of precious metals and gems.

Waiting Period: Waiting Period means a time bound exclusion period related to condition(s) specified in the Policy Schedule or Certificate of Insurance or Policy which shall be served before a claim related to such condition(s) is admissible.

We/Our/Us: We/Our/Us means the ManipalCigna Health Insurance Company Limited.

You/Your/Policyholder: You/Your/Policyholder - the person named in the Policy Schedule/ Certificate Of Insurance who has concluded this Policy with Us.

ii. Accidental Post Hospitalisation Cover

We will pay the Post Hospitalisation Medical Expenses of an Insured Person which are incurred immediately after discharge from the Hospital, provided that any claim is admissible under ‘Hospitalisation Cover’ and the Post-hospitalisation Medical Expenses are related to the same Injury. The date of discharge from the Hospital for the purpose of this Benefit shall be the date of the Insured Person’s last discharge from the Hospital in relation to any one Injury.

3. Accidental Hospitalisation Benefit

If the Policy Year, the Insured Person suffers an Injury due to an Accident caused by an event/ peril covered under the Policy and that Injury solely and directly results in the death of the Insured Person within 365 days from the date of the Accident, We will pay the Sum Insured as specified in the Policy Schedule / Certificate of Insurance, provided that the purpose of Hospitalisation is a Major Medically Necessary treatment of the Insured Person and admission date of Hospitalisation is within the Policy Year.

4. Accidental Hospital Cash

If the Policy Year, the Insured Person suffers an Injury due to an Accident caused by an event/ peril covered under the Policy and that Injury solely and directly results in the Hospitalisation of the Insured Person, We will pay the cash benefit, up to the limit as specified in the Policy Schedule / Certificate of Insurance for each continuous and completed period of Hospitalisation as specified in the Policy Schedule / Certificate of Insurance, provided that the purpose of Hospitalisation is a Major Medically Necessary treatment of the Insured Person and admission date of Hospitalisation is within the Policy Year.

5. Accidental Air Ambulance Cover

If the Policy Year, the Insured Person suffers an Injury due to an Accident caused by an event/ peril covered under the Policy and that Injury solely and directly results in the Hospitalisation of the Insured Person, We will pay the cash benefit, up to the limit as specified in the Policy Schedule / Certificate of Insurance, provided that the purpose of Hospitalisation is a Major Medically Necessary treatment of the Insured Person and admission date of Hospitalisation is within the Policy Year.

6. Accidental Air Ambulance Benefit

If the Policy Year, the Insured Person suffers an Injury due to an Accident caused by an event/ peril covered under the Policy and that Injury solely and directly results in the Hospitalisation of the Insured Person, We will pay the cash benefit, up to the limit as specified in the Policy Schedule / Certificate of Insurance, provided that the purpose of Hospitalisation is a Major Medically Necessary treatment of the Insured Person and admission date of Hospitalisation is within the Policy Year.
12. Broken Bones Benefit
If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event peril covered under the policy and as a result of the Injury, solely and directly, the Insured Person sustains Broken Bones/ fracture/ bone dislocation, We will pay the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance.

9. Broken Bones Cash
If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event peril covered under the policy and as a result of the Injury, solely and directly, the Insured Person sustains Broken Bones/ fracture/ bone dislocation, We will pay the cash benefit up to the limit as specified in the Policy Schedule/ Certificate of Insurance or recovery of the Insured Person including the removal of plaster if any, whichever is earlier.

10. Broken Bones Cover
If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event peril covered under the policy and as a result of the Injury, solely and directly, the Insured Person is required to avail home care services as mentioned below and opted under the policy, We will pay the Reasonable and Customary Charges incurred towards availing these care facilities at home, by the Insured Person, up to the limit as specified in the Policy Schedule/ Certificate Of Insurance.

11. Accidental Care at Home Services
If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event peril covered under the policy and as a result of the Injury, solely and directly, the Insured Person is required to avail home care services as mentioned below and opted under the policy, We will pay the Reasonable and Customary Charges incurred towards availing these care facilities at home, by the Insured Person, up to the limit as specified in the Policy Schedule/ Certificate Of Insurance.

- Physiotherapy at home, as prescribed by the treating Medical Practitioner,
- Nursing attendant at home, as prescribed by the treating Medical Practitioner,
- Stoma care, colostomy, tube feeding at home, as prescribed by the treating Medical Practitioner,
- Doctor visits at home
- Delivery of medically prescribed medicine at home
- Health Check at home
- Vaccination at home, prescribed by the treating Medical Practitioner
- Custodial or personal care (like bathing, dressing, or using the bathroom)

12. Accidental Coma Benefit
If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event peril covered under the policy and as a result of the Injury, solely and directly, the Insured Person suffers from Coma, We will pay the Sum Insured as specified in the Policy Schedule, provided that:

a. This diagnosis of Coma by a Medical Practitioner is supported by all of the following:
   i. no response to external stimuli continuously for at least 96 hours;
   ii. life support measures are necessary to sustain life; and
   iii. permanent neurological deficit which is assessed at least 30 days after the onset of the Coma.

b. The condition of Coma is confirmed by a specialist Medical Practitioner in writing.

c. The Coma does not result from alcohol/ drug abuse or due to an Illness.

For the purpose of this Benefit, Coma means a state of unconsciousness with no reaction or response to external stimuli or internal needs.

13. Accidental Coma Cash
If during the Policy Year, the Insured Person suffers an Injury, solely and directly due to an Accident, caused by an event peril covered under the policy and as a result of the Injury, solely and directly, the Insured Person suffers from Coma, We will pay cash benefit up to the limit as specified in the Policy Schedule / Certificate of Insurance or recovery of the Insured Person, whichever is earlier, provided that:

a. This diagnosis of Coma by a Medical Practitioner is supported by all of the following:
   i. no response to external stimuli continuously for at least 96 hours;
   ii. life support measures are necessary to sustain life; and
   iii. permanent neurological deficit which is assessed at least 30 days after the onset of the Coma.

b. The condition of Coma is confirmed by a specialist Medical Practitioner in writing.

c. The Coma does not result from alcohol/ drug abuse or due to an Illness.

For the purpose of this Benefit, Coma means a state of unconsciousness with no reaction or response to external stimuli or internal needs.

14. Accidental Complimentary Treatment Cover
If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event peril covered under the policy and as a solo and direct impact of that Injury the Insured Person undergoes Medically Necessary Treatment of the following line of treatments, We will pay the Reasonable and Customary Charges for the Medically Necessary Treatment, if prescribed by a Medical Practitioner and opted under the Policy.

The benefit is payable up to the limit as specified in the Policy Schedule / Certificate of Insurance.

Complimentary Treatments (as opted and specified in Policy Schedule/ Certificate Of Insurance):
- Physiotherapy
- Acupuncture and Acupressure
- Chiroprody and Chiropractic
- Osteopathy
- Homeopathy
- Ayurveda

15. Accidental Support Items Benefit
If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event peril covered under the policy and as a solo and direct impact of that Injury the Insured Person requires support items, prescribed by a Medical Practitioner, We will pay the Sum Insured as specified in the Policy Schedule / Certificate of Insurance towards:
- The purchase of support items artificial limbs, crutches, stretcher, tricycle, wheelchair, intra-ocular lenses, spectacles which in the opinion of a Medical Practitioner are/ are necessary for the Insured Person due to the Injury sustained in the Accident;
- Additional lifesaving expenses incurred for special or imported medicines or for blood transfusion for treatment or surgery for the Injury sustained, provided that the treatment is availed in a Hospital or Day Care Centre in India including on an out-patient basis or for Day Care Treatment.

16. Accidental Support Items Cover
If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event peril covered under the policy and as a solo and direct impact of that Injury the Insured Person requires support items, prescribed by a Medical Practitioner, We will pay the expenses up to the limit as specified in the Policy Schedule/ Certificate of Insurance towards:

- Reasonable and Customary Charges for the purchase of support items; artificial limbs, crutches, stretcher, tricycle, wheelchair, intra-ocular lenses, spectacles which in the opinion of a Medical Practitioner are/ are necessary for the Insured Person due to the Injury sustained in the Accident;
- Reasonable and Customary Charges for additional lifesaving expenses incurred for special or imported medicines or for blood transfusion for treatment or surgery for the Injury sustained, provided that the treatment is availed in a Hospital or Day Care Centre in India including on an out-patient basis or for Day Care Treatment.

17. Accident Dependent Children Cash
If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event peril covered under the policy and as a result of the Injury, solely and directly results in the Permanent Total Disablement, Partial Disablement or death of the Insured Person within 365 days from the date of the Accident, We will pay the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance, in respect of Dependent Child (children) under the age of 25 years as on the date of occurrence of the specified otherwise, irrespective whether the child (children) is an Insured Person under this Policy.

Any Claim towards this benefit that becomes admissible where the Dependent child (children) is a minor, shall be payable to the Legal Guardian.

If one child, the Sum Insured as specified under this benefit shall be paid fully to the child. If more than one child, the Sum Insured as specified under this benefit shall be divided equally among all eligible children.

18. Accident Dependent Children Cash
If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event peril covered under the policy and as a result of the Injury, solely and directly results in the Permanent Total Disablement, Partial Disablement or death of the Insured Person within 365 days from the date of the Accident, We will pay the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance, in respect of Dependent Child (children) under the age of 25 years as on the date of occurrence (unless specified otherwise, irrespective of whether the child (children) is an Insured Person under this Policy).

Any Claim towards this benefit that becomes admissible where the Dependent child (children) is a minor, shall be payable to the Legal Guardian.

If one child, the Sum Insured as specified under this benefit shall be paid fully to the child. If more than one child, the Sum Insured as specified under this benefit shall be divided equally among all eligible children.

19. Disappearance Benefit
If an Insured Person disappears during the Policy Period and is legally declared dead (declared death in absentia or legal presumption of death), We will pay the Sum Insured as specified in the Policy Schedule / Certificate of Insurance to the Nominee provided that:

- It may reasonably be assumed that the disappearance of the Insured Person is due to an Accident followed by a forced landing, stranding, sinking or wrecking of a conveyance during the Policy Period;
- A period of at least 7 years has been completed since the date of the Insured Person’s disappearance;

The legal representatives of the Insured Person’s estate provide Us with a signed agreement stating that if after transparens that the Insured Person did not die, or did not die due to an Accident during the Policy Period, the amount paid under this Cover shall be reimbursed to Us immediately and without any deductions.

The Insured Persons legal representative must intimate such disappearance to Us immediately upon happening of the event. Insurer shall provide full benefit as per Sum Insured opted upon completion of such 7 years period.

20. Disappearance Cash
If an Insured Person disappears during the Policy Period and is legally declared dead (declared death in absentia or legal presumption of death), We will pay the cash benefit up to the limit as specified in the Policy Schedule to the Nominee provided that:

- It may reasonably be assumed that the disappearance of the Insured Person is due to an Accident followed by a forced landing, stranding, sinking or wrecking of a conveyance during the Policy Period;
- A period of at least 7 years has been completed since the date of the Insured Person’s disappearance;

The legal representatives of the Insured Person’s estate provide Us with a signed agreement stating that if after transparens that the Insured Person did not die, or did not die due to an Accident during the Policy Period, the amount paid under this Cover shall be reimbursed to Us immediately and without any deductions.

The Insured Persons legal representative must intimate such disappearance to Us immediately upon happening of the event. Insurer shall provide full benefit as per Sum Insured opted upon completion of such 7 years period.

21. Accident Education Fund Benefit
If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event peril covered under the policy and as a result of the Injury, solely and directly results in the Permanent Total Disablement, Partial Disablement or death of the Insured Person within 365 days from the date of the Accident, or as otherwise specified in the Policy, We will pay the Sum Insured as specified in the Policy Schedule / Certificate of Insurance, in respect of the benefit towards the Dependent Child’s education for the Policy Period, irrespective of whether the child (children) is an Insured Person under this Policy.

This benefit shall be payable subject to the dependent child being up to 25 years of age as on date of occurrence of the event (unless specified otherwise) and provided that the dependent child is an educational course as a full time student at an accredited educational institution and does not have any independent source of income.

Any Claim towards this benefit that becomes admissible where the Dependent child (children) is a minor, shall be payable to the Legal Guardian.

If one child, the Sum Insured as specified under this benefit shall be paid fully to the child. If more than one child, the Sum Insured as specified under this benefit shall be divided equally among all eligible children.

22. Accident Education Fund Cash
If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event peril covered under the policy and as a result of the Injury, solely and directly results in the Permanent Total Disablement, Partial Disablement or death of the Insured Person within 365 days from the date of the Accident, or as otherwise specified in the Policy, We will pay the cash benefit up to the limit as specified in the Policy Schedule / Certificate of Insurance, in respect of the benefit towards the Dependent Child’s education for the Policy Period, irrespective of whether the child (children) is an Insured Person under this Policy.

This benefit shall be payable subject to the dependent child being up to 25 years of age as on date of occurrence of the event (unless specified otherwise) and provided that the dependent child is an educational course as a full time student at an accredited educational institution and does not have any independent source of income.
Any Claim towards this benefit that becomes admissible where the Dependent child
of the Insured Person, then We will pay the expenses incurred up to limit as specified in the Policy Schedule/Certificate of Insurance towards the psychiatric counselling of the Immediate Family Members of such Insured Person provided the family members receive such counselling on an outpatient basis in a Hospital.

26. Accident Family Counselling Benefit
If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy and that Injury solely and directly results in death, Permanent Total Disability or Permanent Partial Disability of the Insured Person and such death or disability causing mental trauma to any of all Immediate Family Members of the Insured Person, then We will pay the Sum Insured as specified in the Policy Schedule/Certificate of Insurance towards the psychiatric counselling of the Immediate Family Members of such Insured Person provided the family members receive such counselling on an outpatient basis in a Hospital.

27. Accident Family Transportation Benefit
If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy and that Injury solely and directly results in death, Permanent Total Disability or Permanent Partial Disability of the Insured Person and such death or disability causing mental trauma to any of all Immediate Family Members of the Insured Person, then We will pay the expenses incurred up to limit as specified in the Policy Schedule/Certificate of Insurance towards the psychiatric counselling of the Immediate Family Members of such Insured Person provided the family members receive such counselling on an outpatient basis in a Hospital.

28. Accident Family Transportation Cover
If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy and that Injury solely and directly results in death, Permanent Total Disability or Permanent Partial Disability of the Insured Person, then We will pay the personal attendance of an Immediate Family Member, We will pay the expenses incurred up to limit as specified in the Policy Schedule/Certificate of Insurance towards the psychiatric counselling of the Immediate Family Members of such Insured Person.

29. Accident Follow up Trip Benefit
If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy and that Injury solely and directly results in death, Permanent Total Disability or Permanent Partial Disability of the Insured Person, then We will pay the personal attendance of an Immediate Family Member, We will pay the expenses incurred up to limit as specified in the Policy Schedule/Certificate of Insurance towards the psychiatric counselling of the Immediate Family Members of such Insured Person.

30. Accident Follow up Medical Trip Cover
If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy and that Injury solely and directly results in death, Permanent Total Disability or Permanent Partial Disability of the Insured Person, then We will pay the personal attendance of an Immediate Family Member, We will pay the expenses incurred up to limit as specified in the Policy Schedule/Certificate of Insurance towards the psychiatric counselling of the Immediate Family Members of such Insured Person.

31. Accident Follow up Trip Benefit
If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy and that Injury solely and directly results in death, Permanent Total Disability or Permanent Partial Disability of the Insured Person, then We will pay the personal attendance of an Immediate Family Member, We will pay the expenses incurred up to limit as specified in the Policy Schedule/Certificate of Insurance towards the psychiatric counselling of the Immediate Family Members of such Insured Person.
• Transferring: the ability to move from a lying position in a bed to a sitting position in an upright chair, using a wheelchair and vice versa.
• Toileting: the ability to use the lavatory or manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.
• Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available.
• Mobility: the ability to move indoors from room to room on level surfaces at the normal pace of residence.

38. Accident Home Nursing Cover
If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy and in that Injury solely and directly results in inability to perform the required activities of daily living, we will pay towards a Qualified Nurse arranged by the Hospital to visit the Insured Person’s home to give expert nursing services, up to the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance, provided that:

• The Insured Person must have sufficient enough confidence in the required activities of daily living and specialist Medical Practitioner who treated the Insured Person must have recommended these services in writing.
• The Benefit will be paid by a Qualified Nurse for as long as it is required for a Medically Necessary Treatment which would normally have been provided in a Hospital subject to a maximum limit as specified in the policy, if any.
• The contracted benefit under the policy shall be limited to 3 of the 6 activities of daily living as listed below, either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons (unless specified otherwise in the Policy Schedule/ Certificate of Insurance).
• This Benefit is not related to any Domiciliary Hospitalisation.

For the purpose of this benefit, daily living or daily activities are defined as below:
• Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene.
• Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other Surgical Appliances.
• Transferring: the ability to move from a lying position in a bed to a sitting position in an upright chair, using a wheelchair and vice versa.
• Toileting: the ability to use the lavatory or manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.
• Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available.
• Mobility: the ability to move indoors from room to room on level surfaces at the normal pace of residence.

37. Ligament Tear Benefit
If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy and as a result of the Injury the Insured Person sustains ligament tear which affects Medi-cally Necessary Treatment, we will pay the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance.

For the purpose of this benefit, Ligament Tear means severe sprain with a complete tear of the ligament which results in instability of the joint and loss of use.

38. Ligament Tear Cover
If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy and as a result of the Injury the Insured Person sustains ligament tear, we will pay Reasonable and Customary Charges insured towards the Medically Necessary Treatment of the Insured Person, up to the limit as specified in the Policy Schedule/ Certificate of Insurance.

For the purpose of this benefit, Ligament Tear means severe sprain with a complete tear of the ligament which results in instability of the joint and loss of use.

39. Accidental Loss of Earning Benefit
If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy and that Injury solely and directly results in Hospitalisation, Permanent Total Disablement, Permanent Partial Disablement, Temporary Total Disablement or coma, as an effect the Insured Person is disabled from engaging in his/ her primary occupation and loses his/her source of income generation as a consequence therefrom. We will pay the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance.

40. Accidental Loss of Earning Cash
If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy and that Injury solely and directly results in Hospitalisation, Permanent Total Disablement, Permanent Partial Disablement, Temporary Total Disablement or coma, as an effect the Insured Person is disabled from engaging in his/ her primary occupation and loses his/her source of income generation, We will pay the cash benefit up to the limit as specified in the Policy Schedule/ Certificate Of Insurance.

41. Accidental Loss of Family Earning
If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy and that Injury solely and directly results in Hospitalisation, Permanent Total Disablement, Permanent Partial Disablement, Temporary Total Disablement or coma, as an effect the Insured Person is disabled from engaging in his/ her primary occupation and loses his/her source of income generation, We will pay the cash benefit up to the limit as specified in the Policy Schedule/ Certificate Of Insurance in respect of Dependent Family Member only if 20 years old or less of age at date of occurrence (unless specified otherwise), dependent spouse, dependent parent irrespective of whether they are Insured Person's under this Policy.

Any Claim towards this benefit that becomes admissible where the Dependent child (children) is a minor, shall be payable to the Legal Guardian.

If more than one dependent, the Sum Insured as specified under this benefit shall be divided equally among eligible children.

42. Accident Marriage Benefit for Dependent Children
If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy and that Injury solely and directly results in the Permanent Total Disablement or Permanent Partial Disablement or Temporary Total Disablement or coma within 365 days from the date of the Accident, We will pay the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance of the Insured Person’s Dependent Child (children) under the age of 25 years and unmarried as of the date on occurrence (unless specified otherwise), irrespective of whether the child (children) is/are an Insured Person under this Policy.

Any Claim towards this benefit that becomes admissible where the Dependent child (children) is a minor, shall be payable to the Legal Guardian.

If one child, the Sum Insured as specified under this benefit shall be paid fully to the child. If more than one child the Insured as specified under this benefit shall be divided equally among all eligible children.

43. Accident Medical Appliances Benefit
If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy and as a solo and direct impact of the injury, the Insured Person is advised by the treating medical practitioner to use asthma pumps, blood glucose monitors, surgical stockings, digital blood pressure monitors, limb or face braces, walker, walking stick, nebulizer, catheter, thermometer, BP monitor, infusion pump, digital foot monitors, wheelchair and vice versa or to conduct the daily activities through artificial limb/mobile device, We will pay the Sum Insured as specified in the Policy Schedule/ Certificate Of Insurance.

44. Accident Medical Appliances Cover
If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy and is advised a Medical Treatment / Surgery for the injury and that injury solely and directly results in Permanent Total Disablement, Temporary Total Disablement of the Insured Person within 36 days then the Insured Person may choose to seek a medical second opinion from a Specialist for such treatment. We will pay the consultation fees of the specialist, up to the limit as specified in the Policy Schedule/ Certificate Of Insurance.

The Insured Person understands and agrees that he/ she can exercise the option to secure an expert opinion, provided that:

a. We have received a written request from the Insured Person to exercise this option.

b. The expert opinion will be based only on the information and documentation provided by the Insured Person.

c. This Benefit can be availed only once, by each Insured Person during the lifetime of the Policy for a particular Permanent Total Disablement, Permanent Partial Disablement or Total Temporary Disablement.

d. This Benefit is only a value added service provided by Us and does not deem to be covered under this Policy Schedule/ Certificate of Insurance.

e. The Insured Person is free to choose whether or not to obtain the expert opinion, and if obtained then whether or not to act on it.

f. We shall not, in any event be responsible for any actual or alleged errors or representations made by any Medical Practitioner or in any expert opinion or for any consequence of actions taken or not taken in reliance thereon.

g. The expert opinion under this cover shall be limited to covered disablements and shall not be valid for any medico legal purposes.

h. We do not assume any liability towards any loss or damage arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the Medical Practitioner.

45. Accident Medical Second Opinion Cover
If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy and is advised a Medical Treatment / Surgery for the injury and that injury solely and directly results in Permanent Total Disablement, Permanent Partial Disablement, Temporary Total Disablement of the Insured Person within 365 days then the Insured Person may choose to seek a medical second opinion from Our network of Medical Practitioners for such treatment. Such opinion from Our network of Medical Practitioners shall be directly sent to the Insured Person.

The Insured Person understands and agrees that he/ she can exercise the option to secure an expert opinion, provided that:

a. We have received a written request from the Insured Person to exercise this option.

b. The expert opinion will be based only on the information and documentation provided by the Insured Person.

c. This Benefit can be availed only once, by each Insured Person during the lifetime of the Policy for a particular Permanent Total Disablement, Permanent Partial Disablement or Total Temporary Disablement.

d. This Benefit is only a value added service provided by Us and does not deem to be covered under the Insured Person’s visit or consultation to an independent Medical Practitioner.

e. The Insured Person is free to choose whether or not to obtain the expert opinion, and if obtained then whether or not to act on it.

f. We shall not, in any event be responsible for any actual or alleged errors or representations made by any Medical Practitioner or in any expert opinion or for any consequence of actions taken or not taken in reliance thereon.

g. The expert opinion under this cover shall be limited to covered disablements and shall not be valid for any medico legal purposes.

h. We do not assume any liability towards any loss or damage arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the Medical Practitioner.

46. Accident Modification Allowance Cover
If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy and as a solo and direct impact of the injury, the Insured Person incurs any one or more of the following Medical Expenses, solely and directly for the Injury, on an Out-Patient basis. We will pay the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance.

47. Accident Modification Allowance Benefit
If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy and that Injury solely and directly results in the Permanent Total Disablement or Permanent Partial Disablement of the Insured Person within 365 days from the date of the Accident, also the Insured Person is disabled to an extent which necessarily requires to modify his/her vehicle or make modifications in his/her house to adjust to the changed environment. We will pay the Sum Insured towards the modification, up to the limit as specified in the Policy Schedule/ Certificate Of Insurance.

48. Accident Second Opinion Cover
If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy and the Insured Person incurs any one or more of the following Medical Expenses, solely and directly for the Injury, on an Out-Patient basis. We will pay the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance.
50. Accidental Out-Patient Cover
If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy and that Injury solely and directly results in the Permanent Total Disablement, Permanent Partial Disablement or death of the Insured Person within 365 days from the date of the Accident, We will pay the cash benefit as per the limit in the table below and as specified in the Policy Schedule/ Certificate of Insurance.

51. Accident Parent Benefit
If during the Policy Year, the Insured Person suffers an Injury, due to an Accident, caused by an event/ peril covered under the policy and that Injury solely and directly results in the Permanent Total Disablement, Permanent Partial Disablement or death of the Insured Person within 365 days from the date of the Accident, We will pay the cash benefit as per the limit in the table below and as specified in the Policy Schedule/ Certificate of Insurance,

52. Accident Parent Cash
If during the Policy Year, the Insured Person suffers an Injury, due to an Accident, caused by an event/ peril covered under the policy and that Injury solely and directly results in the Permanent Total Disablement, Permanent Partial Disablement or death of the Insured Person within 365 days from the date of the Accident, We will pay the cash benefit as per the limit in the table below and as specified in the Policy Schedule/ Certificate of Insurance.

53. Accidental Permanent Partial Disablement Benefit
If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy and that Injury solely and directly results in the Permanent Total Disablement, Permanent Partial Disablement or death of the Insured Person within 365 days from the date of the Accident, We will pay the cash benefit as per the limit in the table below and as specified in the Policy Schedule/ Certificate of Insurance.

55. Nature of Permanent Partial Disablement Benefit

<table>
<thead>
<tr>
<th>Nature of Permanent Partial Disablement</th>
<th>Percentage of the Sum Insured payable unless specified otherwise</th>
</tr>
</thead>
<tbody>
<tr>
<td>i. Total and irrecoverable loss of sight in one eye</td>
<td>50%</td>
</tr>
<tr>
<td>ii. Loss of one hand or one foot</td>
<td>50%</td>
</tr>
<tr>
<td>iii. Loss of all toes - any one foot</td>
<td>10%</td>
</tr>
<tr>
<td>iv. Loss of toe - great - any one foot</td>
<td>5%</td>
</tr>
<tr>
<td>v. Loss of toes other than great, if more than one toe lost, each</td>
<td>2%</td>
</tr>
<tr>
<td>vi. Total and irrecoverable loss of hearing in both ears</td>
<td>50%</td>
</tr>
<tr>
<td>vii. Total and irrecoverable loss of hearing in one ear</td>
<td>15%</td>
</tr>
<tr>
<td>viii. Total and irrecoverable loss of speech</td>
<td>50%</td>
</tr>
<tr>
<td>ix. Loss of four fingers and thumb of one hand</td>
<td>40%</td>
</tr>
<tr>
<td>x. Loss of four fingers</td>
<td>35%</td>
</tr>
<tr>
<td>xi. Loss of thumb - both phalanges</td>
<td>25%</td>
</tr>
<tr>
<td>xii. Loss of index finger three phalanges</td>
<td>10%</td>
</tr>
<tr>
<td>xiii. Loss of index finger two phalanges</td>
<td>8%</td>
</tr>
<tr>
<td>xiv. Loss of index finger one phalanges</td>
<td>4%</td>
</tr>
<tr>
<td>xv. Loss of middle/middle little finger-three phalanges</td>
<td>6%</td>
</tr>
<tr>
<td>xvi. Loss of middle/middle little finger-two phalanges</td>
<td>4%</td>
</tr>
<tr>
<td>xvii. Loss of middle/middle little finger-one phalanges</td>
<td>2%</td>
</tr>
</tbody>
</table>

The Benefit specified above will be payable provided that:

a. The Permanent Partial Disablement is proved; and a disability certificate issued by a civil surgeon or the equivalent appointed by the District, State or Government Board is given to Us;

b. For disability other than physical separation of limb/s, digit/s, the Permanent Partial Disablement continues for a period of at least 180 days from the commencement of the Permanent Partial Disablement and We are satisfied at the expiry of the 180 days that there is no reasonable medical hope of improvement and such disability is permanent at the end of this period.

c. If the Insured Person dies before a claim has been admitted under this Benefit, then no amount will be payable under this Benefit, however, benefit under Accidental Death shall become payable in lieu of this benefit, if opted.

d. If the Insured Person suffers a loss that is not of the nature of Permanent Partial Disablement specified in the table above, then a disability certificate issued by a civil surgeon or the equivalent appointed by the District, State or Government Board shall determine the degree of disablement and the amount payable, if any.

56. Accidental Permanent Total Disablement Cash
If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy and that Injury solely and directly results in the Permanent Total Disablement of the Insured Person which is of the nature specified in the table below, We will pay the cash benefit as per the limit as specified in the Policy Schedule/ Certificate of Insurance.

<table>
<thead>
<tr>
<th>Nature of Permanent Total Disablement</th>
<th>Percentage of the Sum Insured payable unless specified otherwise</th>
</tr>
</thead>
<tbody>
<tr>
<td>i. Total and irrecoverable loss of sight in one eye</td>
<td>50%</td>
</tr>
<tr>
<td>ii. Loss of one hand or one foot</td>
<td>50%</td>
</tr>
<tr>
<td>iii. Loss of all toes - any one foot</td>
<td>10%</td>
</tr>
<tr>
<td>iv. Loss of toe - great - any one foot</td>
<td>5%</td>
</tr>
<tr>
<td>v. Loss of toes other than great, if more than one toe lost, each</td>
<td>2%</td>
</tr>
<tr>
<td>vi. Total and irrecoverable loss of hearing in both ears</td>
<td>50%</td>
</tr>
<tr>
<td>vii. Total and irrecoverable loss of hearing in one ear</td>
<td>15%</td>
</tr>
<tr>
<td>viii. Total and irrecoverable loss of speech</td>
<td>50%</td>
</tr>
<tr>
<td>ix. Loss of four fingers and thumb of one hand</td>
<td>40%</td>
</tr>
<tr>
<td>x. Loss of four fingers</td>
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</tr>
<tr>
<td>xvii. Loss of middle/middle little finger-one phalanges</td>
<td>2%</td>
</tr>
</tbody>
</table>

The Benefit specified above will be payable provided that:

a. The Permanent Total Disablement is proved; and a disability certificate issued by a civil surgeon or the equivalent appointed by the District, State or Government Board is given to Us;

b. For disability other than physical separation of limb/s, digit/s, the Permanent Total Disablement continues for a period of at least 180 days from the commencement of the Permanent Total Disablement and We are satisfied at the expiry of the 180 days that there is no reasonable medical hope of improvement and such disability is permanent at the end of this period.

c. The Benefit as specified above will be payable provided that:

a. The Permanent Total Disablement is proved; and a disability certificate issued by a civil surgeon or the equivalent appointed by the District, State or Government Board is given to Us;

b. For disability other than physical separation of limb/s, digit/s, the Permanent Total Disablement continues for a period of at least 180 days from the commencement of the Permanent Total Disablement and We are satisfied at the expiry of the 180 days that there is no reasonable medical hope of improvement and such disability is permanent at the end of this period.

c. If the Insured Person dies before a claim has been admitted under this Benefit, then no amount will be payable under this Benefit; however, benefit under Accidental Death shall become payable in lieu of this benefit, if opted.

d. If the Insured Person suffers a loss that is not of the nature of Permanent Total Disablement specified in the table above, then a disability certificate issued by a civil surgeon or the equivalent appointed by the District, State or Government Board shall determine the degree of disablement and the amount payable, if any.
Nature of Permanent Total Disablement
Total and irrecoverable loss of sight in one eye

Loss by physical separation or total and permanent loss of use of one hand and one foot

Total and irrecoverable loss of hearing in both ears and loss of one Limb/loss of sight in one eye

Total and irrecoverable loss of hearing in both ears and loss of speech

Permanent, total and absolute disablement (not falling under any one the above) which results in the Insured Person being unable to engage in any employment or occupation or business for remuneration or profit, of an occupation whatsoever which results in Loss of Independent Living.

For the purpose of this Benefit, Limb means a hand or at above the wrist or a foot above the ankle;

Physical separation of one hand or foot means separation at or above wrist and/or at or above ankle, respectively.

The benefit as specified above will be payable provided that:

a. The Permanent Total Disablement is proved; and a disability certificate issued by a civil surgeon or the equivalent appointed by the District, State or Government Board is furnished within 180 days from the date of the Accident.

b. For disablement other than physical separation of limb/s, digits, the Permanent Total Disablement continues for a period of at least 180 days from the commencement of the Permanent Total Disablement, and We are satisfied at the expiry of the 180 days that there is no reasonable medical hope of improvement and such disability is permanent at the end of this period.

c. If the Insured Person’s claim has been admitted under this Benefit, then no amount will be payable under this Benefit; however, benefit under Accidental Death shall become payable in lieu of this Benefit, if opted.

d. Once a claim has been accepted and paid under this Benefit then the Insured Person’s insurance cover under this section will lapse.

57. Personal Belonging Cover
If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy and that Injury solely and directly results in damage in one of more Personal belongings, We will pay the cost of replacement of such personal belongings up to the limit as specified in the Policy Schedule/ Certificate of Insurance.

Personal belongings for the purpose of this section means items such as clothes and other articles of personal nature likely to be worn or carried and includes mobile phones, credit or debit cards, jewelry, personal possessions, watches, laptop which does not include any goods or samples carried in connections with any trade or business, theft or burglary of the personal belonging, money as physical cash.

58. Personal Protective Equipment (PPE) Damage Benefit
If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy and that Injury solely and directly results in the Permanent Total Disablement, Permanent Partial Disablement or death of the Insured Person within 365 days from the date of the Accident, We will pay the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance, towards the costs of replacement of the Personal Protective Equipment damaged in the Accident.

For the purpose of this Benefit, Personal Protective Equipment means any equipment that controls or mitigates a risk to a person’s health and safety. Personal Protective Equipment includes safety goggles, high visibility vests, work kneepads, tool vests to replace tool belts, safety boots, ear plugs or earmuffs, face masks, respirators, lead aprons and over the shoulder tool belts.

59. Personal Protective Equipment (PPE) Damage Cover
If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy and that Injury solely and directly results in damage in one of more Personal Protective Equipment of the Insured Person, We will pay the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance towards the costs of Personal Protective Equipment of the Insured Person.

For the purpose of this Benefit, Personal Protective Equipment means any equipment that controls or mitigates a risk to a person’s health and safety. Personal Protective Equipment includes safety goggles, high visibility vests, work kneepads, tool vests to replace tool belts, safety boots, ear plugs or earmuffs, face masks, respirators, lead aprons and over the shoulder tool belts.

60. Accidental Rehabilitation Benefit
If during the Policy Year, the Insured Person suffers an Injury due to an Accident caused by an event/ peril covered under the policy and as a solo and direct impact of the Injury, the Insured Person is necessarily required to avail specialist consultation, counselling, extended physiotherapy at a recognised rehabilitation unit, We will pay the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance, for such medical expenses towards rehabilitation.

The benefit is payable subject to being medically necessary and recommended by the treating Medical Practitioner.

61. Accidental Rehabilitation Cover
If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy and as a solo and direct impact of the Injury, the Insured Person is necessarily required to avail consultation and/or counselling and a recognised rehabilitation centre, We will pay the expenses up to the limit as specified in the Policy Schedule/ Certificate of Insurance towards the reasonable Customary Charges incurred towards the rehabilitation of the Insured Person.

For the purpose of this Benefit, the rehabilitation benefit is payable subject to being medically necessary and recommended by the treating Medical Practitioner.

62. Repatriation of Mortal Remains Benefit
If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy and that Injury solely and directly results in death of the Insured Person, at a place away from home location, We will pay the expenses up to the limit as specified in the Policy Schedule/ Certificate of Insurance towards the costs associated with the transportation of mortal remains from the place of death to the location.

In addition, assistance will be provided by Us or the Medical Assistance Service Provider for organizing or obtaining the necessary clearances for the repatriation of mortal remains.

63. Repatriation of Mortal Remains Cover
If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy and that Injury solely and directly results in death of the Insured Person, at a place away from home location, We will pay the expenses up to the limit as specified in the Policy Schedule/ Certificate of Insurance towards the costs associated with the transportation of mortal remains from the place of death to the home location.

In addition, assistance will be provided by Us or the Medical Assistance Service Provider for organizing or obtaining the necessary clearances for the repatriation of mortal remains.

64. Accident Re-Training Expenses Benefit
If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy and that Injury solely and directly results in Permanent Total Disablement, Permanent Partial Disablement or mental disablement of the Insured Person, however the Insured Person is capable to take up an alternate occupation which requires training. We will pay the expenses incurred to re-train the Insured Person as an alternative occupation other than the business of the Policyholder or elsewhere.

65. Accident Re-Training Expenses Cover
If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy and that Injury solely and directly results in Permanent Total Disablement, Permanent Partial Disablement or mental disablement of the Insured Person, however the Insured Person is capable to take up an alternate occupation which requires training, We will pay the expenses incurred to re-train the Insured Person as an alternative occupation other than the business of the Policyholder or elsewhere.

If the Insured Person is admitted in a room where the room category or the Room Rent incurred is higher than that which is specified in the Policy Schedule/ Certificate of Insurance
then the Policyholder/Insured Person shall bear a notabale proportion of the total Associated Medical Expenses (excluding charges or taxes that the Insured Person is required to pay) in the proportion of the difference between the Room Rent of the entitled room category/eligible Room Rent to the Room Rent actually incurred, unless specified otherwise.

2. Hospitalisation Benefit
If the Policy Period, the Insured Person suffers an Illness/ Injury due to an Accident, caused by an event/ peril covered under the policy and that Illness/ Injury solely and directly results in the Hospitalisation of the Insured Person, We will pay the Sum Insured in case of In-patient Hospitalisation, provided that the purpose of Hospitalisation is to avail MediCare Hospitalisation Benefit and admission date of the Hospitalisation is within the Policy Year.

3. Hospital Cash
If during the Policy Year, the Insured Person suffers an Illness/ Injury due to an Accident, caused by an event/ peril covered under the policy and that Illness/ Injury solely and directly results in the Hospitalisation of the Insured Person, We will pay the cash benefit for each continuous and consecutive days of Hospitalisation specified in the Policy Schedule/ Certificate of Insurance, provided that the purpose of Hospitalisation is to avail MediCare Hospitalisation Benefit and admission date of the Hospitalisation is within the Policy Year.

4. Air Ambulance Cover
If during the Policy Period, the Insured Person suffers an Illness/ Injury due to an Accident, caused by an event/ peril covered under the policy and that Illness/ Injury solely and directly results in the Hospitalisation of the Insured Person, We will pay the cash benefit for each continuous and consecutive days of Hospitalisation specified in the Policy Schedule/ Certificate of Insurance, provided that the purpose of Hospitalisation is to avail MediCare Hospitalisation Benefit and admission date of the Hospitalisation is within the Policy Year.

5. Coma Benefit
If during the Policy Year, the Insured Person suffers an Illness/ Injury due to an Accident, caused by an event/ peril covered under the policy and that Illness/ Injury solely and directly results in the Hospitalisation of the Insured Person, the cover under this Section shall automatically cease/occur after commencement of the Policy Period, post completion of the Illness/ Injury waiting period, specified under the Policy.

6. Home Care Services
If the Policy Period, the Insured Person suffers an Illness/ Injury due to an Accident caused by an event/ peril covered under the policy as a result of the Illness/ Injury, solely and directly, the Insured Person is required to avail home care services as mentioned below and opted under the policy. We will pay the Reasonable and Customary Charges incurred towards availing these care facilities at home, by the Insured Person, up to the limit as specified in the Policy Schedule/ Certificate Of Insurance.

7. Home care services (as opted and specified in Policy Schedule/ Certificate of Insurance):
   a) Physiotherapy at home, as prescribed by the treating Medical Practitioner
   b) Nursing attendant for 24x7 as per the treating Medical Practitioner
   c) Stoma care, colostomy, tube feeding at home, as prescribed by the treating Medical Practitioner
   d) Doctor visits at home
   e) Delivery of Medically prescribed medicine at home
   f) Health Check at home
   g) Vaccination at home, prescribed by the treating Medical Practitioner
   h) Custodial or personal care (like bathing, dressing, or using the bathroom)

8. Coma Cash
If during the Policy Year, the Insured Person suffers an Illness/ Injury due to an Accident, caused by an event/ peril covered under the policy and as a result of the Illness/ Injury, solely and directly, the Insured Person suffers Coma, We will pay the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance, provided that:

   a) This diagnosis of Coma by a Medical Practitioner is supported by all of the following:
      i. no response to external stimuli continuously for at least 96 hours;
      ii. life support measures are necessary to sustain life;
      iii. permanent neurological deficit which is assessed at least 30 days after the onset of Coma;
   b) The condition of Coma is confirmed by a specialist Medical Practitioner in writing.
   c) The Coma does not result from alcohol/ drug abuse.

For the purpose of this Benefit, Coma means a state of unconsciousness with no reaction or response to external stimuli or internal needs.

9. Cost of Support Items Benefit
If during the Policy Year, the Insured Person suffers an Illness/ Injury due to an Accident, caused by an event/ peril covered under the policy and as a result of the Illness/ Injury, solely and directly, the Insured Person suffers Coma, We will pay the Reasonable and Customary Charges incurred towards providing any of the Support Items:

   a) Artificial life maintenance will be covered, including life support machine use, where such care is medically necessary.
   b) Cost of Support Items Benefit
   i. Vaccination at home, prescribed by the treating Medical Practitioner
   ii. Health Check at home
   iii. Home care services as mentioned under the Policy
   iv. Home hospitalisation services (as opted and specified in Policy Schedule/ Certificate of Insurance)

For the purpose of this Benefit, Coma means a state of unconsciousness with no reaction or response to external stimuli or internal needs.

10. Complementary Treatment Cover
If during the Policy Year, the Insured Person suffers an Illness/ Injury due to an Accident, caused by an event/ peril covered under the policy and as a result of the Illness/ Injury, solely and directly, the Insured Person suffers Coma, We will pay the Reasonable and Customary Charges incurred towards providing any of the Support Items:

   a) Medical Practitioner
   b) Support Items
   c) Home hospitalisation services

This benefit is payable up to the limit as specified in the Policy Schedule/ Certificate of Insurance.

11. Cost of Support Items Benefit
If during the Policy Year, the Insured Person suffers an Illness/ Injury due to an Accident, caused by an event/ peril covered under the policy and as a result of the Illness/ Injury, solely and directly, the Insured Person suffers Coma, We will pay the Reasonable and Customary Charges incurred towards providing any of the Support Items:

   a) Artificial life maintenance will be covered, including life support machine use, where such care is medically necessary.
   b) Cost of Support Items Benefit
   i. Vaccination at home, prescribed by the treating Medical Practitioner
   ii. Health Check at home
   iii. Home care services as mentioned under the Policy
   iv. Home hospitalisation services (as opted and specified in Policy Schedule/ Certificate of Insurance)

For the purpose of this Benefit, Coma means a state of unconsciousness with no reaction or response to external stimuli or internal needs.

12. Cost of Support Items Benefit
If during the Policy Year, the Insured Person suffers an Illness/ Injury due to an Accident, caused by an event/ peril covered under the policy and as a result of the Illness/ Injury, solely and directly, the Insured Person suffers Coma, We will pay the Reasonable and Customary Charges incurred towards providing any of the Support Items:

   a) Medical Practitioner
   b) Support Items
   c) Home hospitalisation services

This benefit is payable up to the limit as specified in the Policy Schedule/ Certificate of Insurance.

13. Cost of Support Items Benefit
If during the Policy Year, the Insured Person suffers an Illness/ Injury due to an Accident, caused by an event/ peril covered under the policy and as a result of the Illness/ Injury, solely and directly, the Insured Person suffers Coma, We will pay the Reasonable and Customary Charges incurred towards providing any of the Support Items:

   a) Artificial life maintenance will be covered, including life support machine use, where such care is medically necessary.
   b) Cost of Support Items Benefit
   i. Vaccination at home, prescribed by the treating Medical Practitioner
   ii. Health Check at home
   iii. Home care services as mentioned under the Policy
   iv. Home hospitalisation services (as opted and specified in Policy Schedule/ Certificate of Insurance)

For the purpose of this Benefit, Coma means a state of unconsciousness with no reaction or response to external stimuli or internal needs.

14. Cost of Support Items Benefit
If during the Policy Year, the Insured Person suffers an Illness/ Injury due to an Accident, caused by an event/ peril covered under the policy and as a result of the Illness/ Injury, solely and directly, the Insured Person suffers Coma, We will pay the Reasonable and Customary Charges incurred towards providing any of the Support Items:

   a) Artificial life maintenance will be covered, including life support machine use, where such care is medically necessary.
   b) Cost of Support Items Benefit
   i. Vaccination at home, prescribed by the treating Medical Practitioner
   ii. Health Check at home
   iii. Home care services as mentioned under the Policy
   iv. Home hospitalisation services (as opted and specified in Policy Schedule/ Certificate of Insurance)
special or imported medicines or for blood transfusion for treatment or Surgery for the Illness/Injury suffered, provided that the treatment is availed in a Hospital or Day Care Centre in India including on an out-patient basis or for Day Care Treatment

14. Dependent Children Benefit

If during the Policy Year, the Insured Person suffers an Illness/ Injury due to an Accident, caused by an event/ peril covered under the policy and that Illness/ Injury solely and directly results in the Permanent Total Disablement of the Insured Person, we will pay the cash benefit up to the limit as specified in the Policy Schedule/ Certificate of Insurance, irrespective of whether the child (children) is/ are an Insured Person under this Policy.

Any Claim towards this benefit that becomes admissible where the Dependent child (children) is/ are a minor, shall be payable to the Legal Guardian.

If one child, the Sum Insured specified under this benefit shall be paid fully to the child. If more than one child, the Sum Insured specified under this benefit shall be divided equally among all eligible children.

15. Dependent Children Cash

If during the Policy Year, the Insured Person suffers an Illness/ Injury due to an Accident, caused by an event/ peril covered under the policy and that Illness/ Injury solely and directly results in the Permanent Total Disablement or Permanent Partial Disablement of the Insured Person, We will pay the cash benefit up to the limit as specified in the Policy Schedule/ Certificate of Insurance, in respect of Dependent Child (children) under the age of 25 years as on the date of occurrence (unless specified otherwise), irrespective of whether the child (children) is/ are an Insured Person under this Policy.

Any Claim towards this benefit that becomes admissible where the Dependent child (children) is/ are a minor, shall be payable to the Legal Guardian.

If one child, the Sum Insured specified under this benefit shall be fully paid to the child. If more than one child, the Sum Insured specified under this benefit shall be divided equally among all eligible children.

16. Education Fund Benefit

If during the Policy Year, the Insured Person suffers an Illness/ Injury due to an Accident, caused by an event/ peril covered under the policy and that Illness/ Injury solely and directly results in the Permanent Total Disablement of the Insured Person, we will pay the cash benefit up to the limit as specified in the Policy Schedule/ Certificate of Insurance, irrespective of the tuition fees paid towards the Dependent Child's education for the Policy Period, irrespective of whether the child (children) is/ are an Insured Person under this Policy.

This benefit shall be payable subject to the dependent child being up to 25 years of age as on date of occurrence of the event (unless specified otherwise) and provided that the dependent child is pursuing an educational course as a full time student at an accredited educational institution and does not have any independent source of income.

Any Claim towards this benefit that becomes admissible where the Dependent child (children) is/ are a minor, shall be payable to the Legal Guardian.

If one child, the Sum Insured specified under this benefit shall be fully paid to the child. If more than one child, the Sum Insured specified under this benefit shall be divided equally among all eligible children.

17. Education Fund Cash

If during the Policy Year, the Insured Person suffers an Illness/ Injury due to an Accident, caused by an event/ peril covered under the policy and that Illness/ Injury solely and directly results in the Permanent Total Disablement of the Insured Person, We will pay the cash benefit up to the limit as specified in the Policy Schedule/ Certificate of Insurance, in respect of the tuition fees paid towards the Dependent Child's education for the Policy Period, irrespective of whether the child (children) is/ are an Insured Person under this Policy.

This benefit shall be payable subject to the dependent child being up to 25 years of age as on date of occurrence of the event (unless specified otherwise) and provided that the dependent child is pursuing an educational course as a full time student at an accredited educational institution and does not have any independent source of income.

Any Claim towards this benefit that becomes admissible where the Dependent child (children) is/ are a minor, shall be payable to the Legal Guardian.

If one child, the Sum Insured specified under this benefit shall be fully paid to the child. If more than one child, the Sum Insured specified under this benefit shall be divided equally among all eligible children.

18. Emergency Evacuation Benefit

If the Insured Person suffers an Illness/ Injury due to an Accident, caused by an event/ peril covered under the policy, results in the Policy Year and adequate medical facilities are not available locally, we will pay the Sum Insured as specified in the Policy Schedule / Certificate of Insurance towards an Emergency evacuation for the policy Period irrespective of whether the child (children) is/ are an Insured Person under this Policy.

This benefit shall be payable subject to the dependent child being up to 25 years of age as on date of occurrence of the event (unless specified otherwise) and provided that the dependent child is pursuing an educational course as a full time student at an accredited educational institution and does not have any independent source of income.

Any Claim towards this benefit that becomes admissible where the Dependent child (children) is/ are a minor, shall be payable to the Legal Guardian.

If one child, the Sum Insured specified under this benefit shall be fully paid to the child. If more than one child, the Sum Insured specified under this benefit shall be divided equally among all eligible children.

19. Emergency Evacuation Cover

If the Insured Person suffers an Illness/ Injury due to an Accident, caused by an event/ peril covered under the policy, results in the Policy Year and adequate medical facilities are not available locally, we will pay the Sum Insured as specified in the Policy Schedule / Certificate of Insurance towards the arrangement for an Emergency evacuation for the Insured Person provided the family members receive such evacuation on an out-patient basis in a Hospital.

• The medical evacuation must be directed by the Medical Practitioner to be medically Necessary to prevent the immediate and significant effects of Illness/ Injury or conditions which if left untreated could result in a significant deterioration of health and it has been determined that the treatment is not available locally.

• In making Our determinations, We will consider the nature of emergency, Your medical condition and ability to travel, as well as other relevant circumstances including airport availability, weather conditions and distance to be covered.

20. EMI Protection

If during the Policy Year, the Insured Person suffers an Illness/ Injury due to an Accident, caused by an event/ peril covered under the policy and that Illness/ Injury solely and directly results in the Permanent Total Disablement, Permanent Partial Disablement, Temporary Total Disablement, coma or permanent unconscious state, We will pay the cash benefit up to the limit as specified in the Policy Schedule/ Certificate of Insurance, in respect of Dependent Child (children) under the age of 25 years as on the date of occurrence (unless specified otherwise), irrespective of whether the child (children) is/ are an Insured Person under this Policy.

Any Claim towards this benefit that becomes admissible where the Dependent child (children) is/ are a minor, shall be payable to the Legal Guardian.

If one child, the Sum Insured specified under this benefit shall be fully paid to the child. If more than one child, the Sum Insured specified under this benefit shall be divided equally among all eligible children.

21. Family Counselling Benefit

If during the Policy Year, the Insured Person suffers an Illness/ Injury due to an Accident, caused by an event/ peril covered under the policy and that Illness/ Injury solely and directly results in the Permanent Total Disablement or Partial Disablement of the Insured Person or the Insured Person is diagnosed with a Critical illness or a Terminal illness causing mental trauma to any/ all Immediate Family Members of the Insured Person, We will pay the Sum Insured as specified in the Policy Schedule towards the psychiatric counselling of the immediate Family Members of such Insured Person provided the family members receive such counselling on an out-patient basis in a Hospital.

22. Family Transportation Allowance Benefit

If during the Policy Year, the Insured Person suffers an Illness/ Injury due to an Accident, caused by an event/ peril covered under the policy and that Illness/ Injury solely and directly results in emergency hospitalisation of the Insured Person in a Hospital which is situated at a distance of at least 100 kilometre from his actual place of residence and the attending Medical Practitioner recommends the immediate Family Members to be provided Family Transportation Benefit.

We will pay the Sum Insured as specified in the Policy Schedule / Certificate of Insurance towards the transportation of any one Immediate Family Member of the Insured Person to the place of Hospitalisation of the Insured Person.

23. Family Transportation Allowance Cover

If during the Policy Year, the Insured Person suffers an Illness/ Injury due to an Accident, caused by an event/ peril covered under the policy and that Illness/ Injury solely and directly results in emergency hospitalisation of the Insured Person in a Hospital which is situated at a distance of at least 100 kilometre from his actual place of residence and the attending Medical Practitioner recommends the immediate Family Members to be provided Family Transportation Benefit.

We will pay the Sum Insured as specified in the Policy Schedule / Certificate of Insurance towards the transportation of any one Immediate Family Member of the Insured Person to the place of Hospitalisation of the Insured Person.

24. Family Transportation Benefit

If during the Policy Year, the Insured Person suffers an Illness/ Injury due to an Accident, caused by an event/ peril covered under the policy and that Illness/ Injury solely and directly results in emergency hospitalisation of the Insured Person in a Hospital after the evacuation has occurred where it was not reasonably possible for pre-authorisation to be sought before the evacuation takes place, we will pay the Sum Insured as specified in the Policy Schedule / Certificate of Insurance towards the transportation of any one Immediate Family Member of the Insured Person to the place of Hospitalisation of the Insured Person.

25. Follow up Medical Trip Benefit

If during the Policy Year, the Insured Person suffers an Illness/ Injury due to an Accident, caused by an event/ peril covered under the policy and that Illness/ Injury solely and directly results in severe trauma and/or advised amputation that requires follow up treatment to be taken outside the territorial limits of the city of residence within the territorial boundaries of India (unless specified otherwise), We will pay the costs of travelling (return trip) and cost pertaining to boarding & lodging during the duration of such treatment.

In case of Overseas treatment (if covered under the policy), the Insured Person must pay the travel and boarding expenses of one Immediate family member of the Insured person who will accompany him during the period of such treatment.

The benefit is payable up to the limit as specified in the Policy Schedule/ Certificate of Insurance.

Specific Exclusion

• Cost of Medical treatment shall not be covered under this section.

• Treatment that is not medically necessary.

• Trips taken for leisure/business purposes.

• Charges related to separate room in case an immediate family member is accompanying the Insured Person.

26. Home Loans Benefit

If during the Policy Year, the Insured Person suffers an Illness/ Injury due to an Accident, caused by an event/ peril covered under the policy and that Illness/ Injury solely and directly results in severe trauma and/or advised amputation that requires follow up treatment to be taken outside the territorial limits of the city of residence within the territorial boundaries of India (unless specified otherwise), We will pay the costs of travelling (return trip) and cost pertaining to boarding & lodging during the duration of such treatment.

In case of Overseas treatment (if covered under the policy), the Insured Person must pay the travel and boarding expenses of one Immediate family member of the Insured person who will accompany him during the period of such treatment.

The benefit is payable up to the limit as specified in the Policy Schedule/ Certificate of Insurance.

Specific Exclusion

• Cost of Medical treatment shall not be covered under this section.

• Treatment that is not medically necessary.

• Trips taken for leisure/business purposes.

• Charges related to separate room in case an immediate family member is accompanying the Insured Person.
This Benefit is not related to any Domiciliary Hospitalisation.

For the purpose of this Section, "activities of daily living" means:

- Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene.
- Dressing: the ability to put on, take off, secure and fasten all garments and, as appropriate, any braces, artificial limbs or other Surgical Appliances.
- Transferring: the ability to move from a lying position in a bed to a sitting position in an upright chair and vice versa.
- Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.
- Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available.
- Mobility: the ability to move indoors from room to room on level surfaces at the normal place of residence.

28. Home Nursing Care

If during the Policy Year, the Insured Person suffers an Illness/ Injury due to an Accident, caused by an event/ peril covered under the policy and that Illness/ Injury solely and directly results in inability to perform 'activities of daily living', We will pay the cash benefit, towards a Qualified Nurse arranged by the Hospital to visit the Insured Person’s home to give expert nursing services as per limits specified in Policy Schedule/ Certificate of Insurance, provided that:

- The Insured Person must have significant difficulty coping with the required activities of daily living and specialist Medical Practitioner who treated the Insured Person must recommend these services in writing.
- The Benefit will cover visits by a Qualified Nurse for as long as it is required for a Medically Necessary Treatment which would normally have been provided in a Hospital subject to a maximum limit specified in the policy, if any.
- The condition must result in the inability of the Insured Person to perform at least 3 out of the 6 activities of daily living as listed below, either with or without the use of mechanical devices, aids or appliances and adaptations in use for disabled persons (unless specified otherwise in the Policy Schedule/ Certificate of Insurance).
- This Benefit is not related to any Domiciliary Hospitalisation.

For the purpose of this Section, "activities of daily living" means:

- Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene.
- Dressing: the ability to put on, take off, secure and fasten all garments and, as appropriate, any braces, artificial limbs or other Surgical Appliances.
- Transferring: the ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa.
- Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.
- Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available.
- Mobility: the ability to move indoors from room to room on level surfaces at the normal place of residence.

29. Hospice & Palliative Care Benefit

If during the Policy Year, the Insured Person suffers a terminal Illness, covered under the policy, with a life expectancy of less than six (6) months from the date of such diagnosis and medical treatment can no longer be expected to cure the condition provided the same is certified by the treating Medical Practitioner, We will pay the Smallest of:

- The cash benefit which would normally have been provided in a Hospital subject to a maximum limit specified in the policy, if any.
- The condition must result in the inability of the Insured Person to perform at least 3 out of the 6 activities of daily living as listed below, either with or without the use of mechanical devices, aids or appliances and adaptations in use for disabled persons (unless specified otherwise in the Policy Schedule/ Certificate of Insurance).
- If more than one dependent, the Insured Person specified under this Benefit shall be divided equally among all eligible dependents.

40. Hospitalisation Benefit

If during the Policy Year, the Insured Person suffers an Illness/ Injury due to an Accident, caused by an event/ peril covered under the policy and that Illness/ Injury solely and directly results in inability to perform 'activities of daily living', We will pay the cash benefit, towards a Qualified Nurse arranged by the Hospital to visit the Insured Person’s home to give expert nursing services as per limits specified in Policy Schedule/ Certificate of Insurance, provided that:

- The Insured Person must have significant difficulty coping with the required activities of daily living and specialist Medical Practitioner who treated the Insured Person must recommend these services in writing.
- The Benefit will cover visits by a Qualified Nurse for as long as it is required for a Medically Necessary Treatment which would normally have been provided in a Hospital subject to a maximum limit specified in the policy, if any.
- The condition must result in the inability of the Insured Person to perform at least 3 out of the 6 activities of daily living as listed below, either with or without the use of mechanical devices, aids or appliances and adaptations in use for disabled persons (unless specified otherwise in the Policy Schedule/ Certificate of Insurance).

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32. Hospice & Palliative Care Cover

If during the Policy Year, the Insured Person suffers a terminal Illness, covered under the policy, with a life expectancy of less than six (6) months from the date of such diagnosis and medical treatment can no longer be expected to cure the condition provided the same is certified by the treating Medical Practitioner, We will pay the Smallest of:

- The cash benefit which would normally have been provided in a Hospital subject to a maximum limit specified in the policy, if any.
- The condition must result in the inability of the Insured Person to perform at least 3 out of the 6 activities of daily living as listed below, either with or without the use of mechanical devices, aids or appliances and adaptations in use for disabled persons (unless specified otherwise in the Policy Schedule/ Certificate of Insurance).

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32. Hospice & Palliative Care Cover

If during the Policy Year, the Insured Person suffers a terminal Illness, covered under the policy, with a life expectancy of less than six (6) months from the date of such diagnosis and medical treatment can no longer be expected to cure the condition provided the same is certified by the treating Medical Practitioner, We will pay the Smallest of:

- The cash benefit which would normally have been provided in a Hospital subject to a maximum limit specified in the policy, if any.
- The condition must result in the inability of the Insured Person to perform at least 3 out of the 6 activities of daily living as listed below, either with or without the use of mechanical devices, aids or appliances and adaptations in use for disabled persons (unless specified otherwise in the Policy Schedule/ Certificate of Insurance).

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32. Hospice & Palliative Care Cover
In case of both the parents eligible for the benefit, the Sum Insured will be divided equally.

If during the Policy Year, the Insured Person suffers an Illness/ Injury due to an Accident, caused by an event/ peril covered under the policy and that Illness/ Injury solely and directly results in Permanent Total Disablement, Permanent Partial Disablement, Critical illness or Terminal illness, also if the Insured Person is disabled to an extent which necessarily requires to modify his/her vehicle or make modifications in his/her house to adjust to the disablement, We will pay the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance.

41. Modification Allowance Benefit

If during the Policy Year, the Insured Person suffers an Illness/ Injury due to an Accident, caused by an event/ peril covered under the policy and that Illness/ Injury solely and directly results in Permanent Total Disablement, Permanent Partial Disablement, Critical illness or Terminal illness, also if the Insured Person is disabled to an extent which necessarily requires to modify his/her vehicle or make modifications in his/her house to adjust to the disablement, We will pay the cost incurred towards the modification, up to the limit as specified in the Policy Schedule/ Certificate of Insurance.

42. Modification Allowance Cover

If during the Policy Year, the Insured Person suffers an Illness/ Injury due to an Accident, caused by an event/ peril covered under the policy and that Illness/ Injury solely and directly results in Permanent Total Disablement, Permanent Partial Disablement, Critical illness or Terminal illness, also if the Insured Person is disabled to an extent which necessarily requires to modify his/her vehicle or make modifications in his/her house to adjust to the disablement, We will pay the cost incurred towards the modification, up to the limit as specified in the Policy Schedule/ Certificate of Insurance.

43. Out-Patient Treatment Benefit

If during the Policy Year, the Insured Person suffers an Illness/ Injury due to an Accident, caused by an event/ peril covered under the policy and that Illness/ Injury solely and directly results in Permanent Total Disablement, Permanent Partial Disablement, Critical illness or Terminal illness, also if the Insured Person is disabled to an extent which necessarily requires to modify his/her vehicle or make modifications in his/her house to adjust to the disablement, We will pay the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance.

i. Consultations with Medical Practitioners and Specialists;
ii. Prescribed medicines, drugs and dressings; expenses towards over the counter (OTC) medicines shall be payable if opted and specified under the Policy Schedule/ Certificate of Insurance.
iii. Diabetic tests such as laboratory tests, radiology and pathology, MRI, CAT scan, PET scan.

44. Out-Patient Treatment Cover

If during the Policy Year, the Insured Person suffers an Illness/ Injury due to an Accident, caused by an event/ peril covered under the policy and that Illness/ Injury solely and directly results in Permanent Total Disablement, Permanent Partial Disablement, Critical illness or Terminal illness, also if the Insured Person is disabled to an extent which necessarily requires to modify his/her vehicle or make modifications in his/her house to adjust to the disablement, We will pay the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance.

i. Consultations with Medical Practitioners and Specialists;
ii. Prescribed medicines, drugs and dressings; expenses towards over the counter (OTC) medicines shall be payable if opted and specified under the Policy Schedule/ Certificate of Insurance.
iii. Diabetic tests such as laboratory tests, radiology and pathology, MRI, CAT scan, PET scan.

45. Parent Benefit

If during the Policy Year, the Insured Person suffers an Illness/ Injury due to an Accident, caused by an event/ peril covered under the policy and that Illness/ Injury solely and directly results in Permanent Total Disablement or Permanent Partial Disablement (within 365 days from the date of the Injury, if caused due to Accident), We will pay the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance.

In case of both the parents eligible for the benefit, the Sum Insured will be divided equally amongst both.

46. Parent Cash

If during the Policy Year, the Insured Person suffers an Illness/ Injury due to an Accident, caused by an event/ peril covered under the policy and that Illness/ Injury solely and directly results in Permanent Total Disablement or Permanent Partial Disablement (within 365 days from the date of the Injury, if caused due to Accident), We will pay the cash benefit as specified in the Policy Schedule/ Certificate of Insurance.

The Benefit specified above will be payable provided that:

a. The Permanent Partial Disablement is proved; and a disability certificate issued by a civil surgeon or the equivalent appointed by the District, State or Government Board is given to Us;

b. For disablement other than physical separation of limb/s, digits, the Permanent Partial Disablement continues for a period of at least 180 days from the commencement of the Permanent Partial Disablement and We are satisfied at the expiry of the 180 days that there is no reasonable medical hope of improvement and such disability is permanent at the end of this period;

c. If the Insured Person dies before a claim has been admitted under this Benefit, then no amount will be payable under this Benefit; however, benefit under Accidental Death shall become payable in lieu of this benefit, if opted.

d. If the Insured Person suffers a loss that is not of the nature of Permanent Partial Disablement specified in the table above, then a disability certificate issued by a civil surgeon or the equivalent appointed by the District, State or Government Board will determine the degree of disablement and the amount payable, if any.

48. Permanent Partial Disablement Cash

If during the Policy Year, the Insured Person suffers an Illness/ Injury due to an Accident, caused by an event/ peril covered under the policy and that Illness/ Injury solely and directly results in Permanent Partial Disablement of the Insured Person which is of the nature specified in the table below (within 365 days from the date of the Injury, if caused due to an Accident), We will pay the cash benefit, as per the limit in the above table as and specified in the Policy Schedule / Certificate of Insurance.

Name of Permanent Partial Disablement Percentage of the Sum Insured payable unless specified otherwise
i. Total and irrecoverable loss of sight in one eye 50%
ii. Loss of one hand or one foot 50%
iii. Loss of all toes - any one foot 10%
iv. Loss of toe great - any one foot 5%
v. Loss of toes other than great, if more than one toe lost, each 2%
vi. Total and irrecoverable loss of hearing in both ears 50%

The Benefit specified above will be payable provided that:

a. The Permanent Partial Disablement is proved; and a disability certificate issued by a civil surgeon or the equivalent appointed by the District, State or Government Board is given to Us;

b. For disablement other than physical separation of limb/s, digits, the Permanent Partial Disablement continues for a period of at least 180 days from the commencement of the Permanent Partial Disablement and We are satisfied at the expiry of the 180 days that there is no reasonable medical hope of improvement and such disability is permanent at the end of this period;

c. If the Insured Person dies before a claim has been admitted under this Benefit, then no amount will be payable under this Benefit and the amount payable, if any.

d. If the Insured Person suffers a loss that is not of the nature of Permanent Partial Disablement specified in the table above, then a disability certificate issued by a civil surgeon or the equivalent appointed by the District, State or Government Board will determine the degree of disablement and the amount payable, if any.

49. Permanent Total Disablement Benefit

If during the Policy Year, the Insured Person suffers an Illness/ Injury due to an Accident, caused by an event/ peril covered under the policy and that Illness/ Injury solely and directly results in Permanent Total Disablement of the Insured Person which is of the nature specified in the table below (within 365 days from the date of the Injury, if caused due to Accident), We will pay the Sum Insured as specified in the Policy Schedule / Certificate of Insurance.

Name of Permanent Total Disablement Nature of Permanent Total Disablement
i. Total and irrecoverable loss of sight in both eyes
ii. Loss by physical separation or total and permanent loss of use of both hands or both feet
iii. Loss by physical separation or total and permanent loss of use of one hand and one foot
iv. Total and irrecoverable loss of sight in one eye and loss of a Limb

The Benefit specified above will be payable provided that:

a. The Permanent Total Disablement is proved; and a disability certificate issued by a civil surgeon or the equivalent appointed by the District, State or Government Board is given to Us;

b. For disablement other than physical separation of limb/s, digits, the Permanent Total Disablement continues for a period of at least 180 days from the commencement of the Permanent Total Disablement and We are satisfied at the expiry of the 180 days that there is no reasonable medical hope of improvement and such disability is permanent at the end of this period;

c. If the Insured Person dies before a claim has been admitted under this Benefit, then no amount will be payable under this Benefit and the amount payable, if any.

d. If the Insured Person suffers a loss that is not of the nature of Permanent Total Disablement specified in the table above, then a disability certificate issued by a civil surgeon or the equivalent appointed by the District, State or Government Board will determine the degree of disablement and the amount payable, if any.
If during the Policy Year, the Insured Person suffers an Illness/ Injury due to an Accident, the benefit is payable subject to being Medically Necessary and recommended by the treating Medical Practitioner.

55. Road Ambulance Benefit
If during the Policy Year, the Insured Person suffers an Illness/ Injury due to an Accident, caused by an event/ peril covered under the policy and the Insured Person is transported to a registered healthcare or Ambulance service provider to a Hospital for treatment in case of an Emergency, necessitating his/her admission to the Hospital. We will pay the Sum Insured specified in the Policy Schedule/ Certificate Of Insurance, provided the necessity of use of an Ambulance must be certified by the treating Medical Practitioner. The benefit will be paid up to the limit as specified in the Policy Schedule/ Certificate Of Insurance.

56. Spouse Benefit
If during the Policy Year, the Insured Person suffers an Illness/ Injury due to an Accident, caused by an event/ peril covered under the policy and that Illness/ Injury solely and directly results in Permanent Partial Disablement or mental disability of the Insured Person, We will pay the cash benefit as per the limit as specified against this cover in the Schedule/ Certificate Of Insurance, in respect of the widowed Spouse of the Insured Person, irrespective of whether the Spouse is an Insured Person under this Policy.

57. Temporary Total Disablement Benefit
If during the Policy Year, the Insured Person suffers an Illness/ Injury due to an Accident, caused by an event/ peril covered under the policy and that Illness/ Injury solely and directly results in the Temporary Total Disablement of the Insured Person which is of the nature specified in the table below (within 365 days from the date of the Illness/ Injury due to an Accident), We will pay the cash benefit as per the limit as specified against this cover in the Schedule/ Certificate Of Insurance.

For the purpose of this Benefit, Temporary Total Disablement means a disablement of an Insured Person such that he/she is totally disabled from engaging in any employment or occupation for remuneration or profit, of any description whatsoever on a temporary basis and a disability certificate is issued by a civil surgeon or the equivalent appointed by the District, State or Government Board.

58. Road Ambulance Cover
If during the Policy Year, the Insured Person suffers an Illness/ Injury due to an Accident, caused by an event/ peril covered under the policy and that Illness/ Injury solely and directly results in Permanent Total Disablement or Partial Disablement of the Insured Person, We will pay the cash benefit up to the limit as specified against this cover in the Schedule/ Certificate Of Insurance, in respect of the widowed Spouse of the Insured Person, irrespective of whether the Spouse is an Insured Person under this Policy.

59. Spouse Cash Benefit
If during the Policy Year, the Insured Person suffers an Illness/ Injury due to an Accident, caused by an event/ peril covered under the policy and that Illness/ Injury solely and directly results in Permanent Total Disablement or Partial Disablement of the Insured Person, We will pay the cash benefit up to the limit as specified against this cover in the Schedule/ Certificate Of Insurance, in respect of the widowed Spouse of the Insured Person, irrespective of whether the Spouse is an Insured Person under this Policy.

60. Temporary Total Disablement Cash
If during the Policy Year, the Insured Person suffers an Illness/ Injury due to an Accident, caused by an event/ peril covered under the policy and that Illness/ Injury solely and directly results in the Temporary Total Disablement (as defined below) of the Insured Person (within 365 days from the date of the Illness/ Injury due to an Accident), We will pay the Sum Insured specified in the Policy Schedule/ Certificate Of Insurance, in respect of the widowed Spouse of the Insured Person, irrespective of whether the Spouse is an Insured Person under this Policy.

Section 4: Road Ambulance

1. Surgical Hospitalisation Cover
If during the Policy Year, the Insured Person suffers an Illness/ Injury due to an Accident and that Illness/ Injury solely and directly results in the Hospitalisation of the Insured Person to undergo a Surgical Procedure, covered under the policy, We will pay the Reasonable and Customary Charges for the following Medical Expenses provided the purpose of Hospitalisation is to avail Medically Necessary Treatment of the Insured Person and admission date of Hospitalisation is within the Policy Year.

i. For the purpose of this Benefit, Surgical Hospitalisation means a disablement of an Insured Person such that he/she is totally disabled from engaging in any employment or occupation for remuneration or profit, of any description whatsoever on a temporary basis and a disability certificate is issued by a civil surgeon or the equivalent appointed by the District, State or Government Board.

32.3. Room Rent actually incurred, unless specified otherwise.
If the Insured Person suffers an Illness/Injury due to an Accident and that Illness/Injury solely and directly results in the Hospitalisation of the Insured Person to undergo a Surgical Procedure, covered under the policy, and post-surgery requires support items, prescribed by a Medical Practitioner, We will pay the expenses up to the limit as specified in the Policy Schedule / Certificate of Insurance towards:

- The purchase of support items; artificial limbs, crutches, stretchers, tricycle, wheelchairs, intra-ocular lenses, spectacles which in the opinion of a Medical Practitioner is/ are necessary for the Insured Person due to the Illness/Injury sustained.
- Additional lifesaving expenses incurred for special or imported medicines or for blood transfusion for treatment or Surgery for the Illness/Injury, provided that the treatment is availed in a Hospital or Day Care Centre in India including on an out-patient basis or for Day Care Treatment.

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident and that Illness/Injury solely and directly results in the Hospitalisation of the Insured Person to undergo a Surgical Procedure, covered under the policy, and post-surgery requires support items, prescribed by a Medical Practitioner, We will pay the expenses up to the limit as specified in the Policy Schedule / Certificate of Insurance towards:

- Reasonable and Customary Charges for the purchase of support items; artificial limbs, crutches, stretchers, tricycle, wheelchairs, intra-ocular lenses, spectacles which in the opinion of a Medical Practitioner is/ are necessary for the Insured Person due to the Illness/Injury sustained.
- Reasonable and Customary Charges for additional lifesaving expenses incurred for special or imported medicines or for blood transfusion for treatment or Surgery for the Illness/Injury, provided that the treatment is availed in a Hospital or Day Care Centre in India including on an out-patient basis or for Day Care Treatment.

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident and that Illness/Injury solely and directly results in the Hospitalisation of the Insured Person to undergo a Surgical Procedure, covered under the policy, and post-surgery requires support items, prescribed by a Medical Practitioner, We will pay the cash benefit, up to the limit as specified in the Policy Schedule / Certificate of Insurance, in respect of Dependent Child (children) under the age of 25 years as on the date of occurrence (unless specified otherwise), irrespective of whether the child (children) is an Insured Person under this Policy.

Any Claim towards this benefit that becomes admissible where the Dependent child (children) is a minor, shall be payable to the Legal Guardian.

If one child, the Sum Insured as specified under this benefit shall be paid fully to the child. If more than one child, the Sum Insured as specified under this benefit shall be divided equally among all eligible children.

In the event of Dependent Child (children) becoming an Insured Person under this Policy, We will pay the cash benefit, up to the limit as specified in the Policy Schedule / Certificate of Insurance, in respect of Dependent Child (children) under the age of 25 years as on the date of occurrence (unless specified otherwise), irrespective of whether the child (children) is an Insured Person under this Policy.

Any Claim towards this benefit that becomes admissible where the Dependent child (children) is a minor, shall be payable to the Legal Guardian.

If more than one child, the Sum Insured as specified under this benefit shall be divided equally among all eligible children.
For the purpose of this Section, “activities of daily living” means:

17. The Company shall further pay the travel and boarding expenses of one Immediate family member of the Insured person who will accompany him during the period of such treatment. The benefit is payable up to the limit as specified in the Policy Schedule / Certificate of Insurance.

Specific Exclusion

- Cost of Medical treatment shall not be covered under this section.
- Treatment that is not medically necessary.
- Trips taken for leisurely purposes.
- Charges related to separate room cost in case an immediate family member is accompanying the Insured Person.

18. Surgery Home Nursing Benefit

If during the Policy Year, the Insured Person suffers an Illness/ Injury due to an Accident and that Illness/ Injury solely and directly results in the Hospitalisation of the Insured Person to undergo a Surgical Procedure, covered under the policy, and as a result of which the Insured Person is unable to perform activities of daily living, we will pay the Sum Insured as specified in the Policy Schedule / Certificate of Insurance towards a Qualified Nurse arranged by the Hospital to visit the Insured Person’s home to give expert nursing services, provided that:

- The Insured Person must have significant difficulty coping with the required activities of daily living and specialist Medical Practitioner who treated the Insured Person must have recommended these services in writing.
- The Will cover visits by a Qualified Nurse for as long as it is required for a period specified in the Policy Schedule / Certificate of Insurance.
- This Benefit is not related to any Domiciliary Hospitalisation.

For the purpose of this Section, “activities of daily living” means:

- Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene.
- Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other Surgical Appliances.
- Transferring: the ability to move from a lying position in a bed to a sitting position in an upright chair or wheelchair and vice versa.
- Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.
- Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available.
- Mobility: the ability to move indoors from room to room on level surfaces at the normal place of residence.

19. Surgery Home Nursing Cash

If during the Policy Year, the Insured Person suffers an Illness/ Injury due to an Accident and that Illness/ Injury solely and directly results in the Hospitalisation of the Insured Person to undergo a Surgical Procedure, covered under the policy, and as a result of which the Insured Person is unable to perform activities of daily living, we will pay the Sum Insured as specified in the Policy Schedule / Certificate of Insurance towards a Qualified Nurse arranged by the Hospital to visit the Insured Person’s home to give expert nursing services, provided that:

- The Insured Person must have significant difficulty coping with the required activities of daily living and specialist Medical Practitioner who treated the Insured Person must have recommended these services in writing.
- The WILL cover visits by a Qualified Nurse for as long as it is required for a period specified in the Policy Schedule / Certificate of Insurance.
- This Benefit is not related to any Domiciliary Hospitalisation.

For the purpose of this Section, “activities of daily living” means:

- Unemployment: the ability to do skilled or semi-skilled work.
- Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.
- Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available.
- Mobility: the ability to move indoors from room to room on level surfaces at the normal place of residence.

20. Surgery Hospice & Palliative Care Benefit

If during the Policy Year, the Insured Person suffers an Illness/ Injury due to an Accident and that Illness/ Injury solely and directly results in the Hospitalisation of the Insured Person to undergo a Surgical Procedure, covered under the policy and he/she is subsequently declared terminally ill with a life expectancy of less than six (6) months from the date of such diagnosis, and medical treatment can no longer be expected to cure the condition provided the same is certified by the treating Medical Practitioner. We will pay the Sum Insured as specified in the Policy Schedule / Certificate of Insurance towards a Qualified Nurse arranged by the Hospital to visit the Insured Person’s home to give expert nursing care, Day Care treatment or OPD treatment of the Insured Person and any associated reasonable costs for accommodation, nursing care, prescribed medicines and physical and psychological care.

21. Surgery Hospice & Palliative Care Cash

If during the Policy Year, the Insured Person suffers an Illness/ Injury due to an Accident and that Illness/ Injury solely and directly results in the Hospitalisation of the Insured Person to undergo a Surgical Procedure, covered under the policy, and he/she is subsequently declared terminally ill with a life expectancy of less than (6) months from the date of such diagnosis, and medical treatment can no longer be expected to cure the condition provided the same is certified by the treating Medical Practitioner. We will pay the cash benefit towards palliative care or hospice care for Hospitalization, Day Care treatment or OPD treatment of the Insured Person and any associated reasonable costs for accommodation, nursing care, prescribed medicines, physical and psychological care.

The benefit is payable up to the limit as specified in the Policy Schedule / Certificate of Insurance.

22. Surgery Hospice & Palliative Care Cover

If during the Policy Year, the Insured Person suffers an Illness/ Injury due to an Accident and that Illness/ Injury solely and directly results in the Hospitalisation of the Insured Person to undergo a Surgical Procedure, covered under the policy, and he/she is subsequently declared terminally ill with a life expectancy of less than six (6) months from the date of such diagnosis, and medical treatment can no longer be expected to cure the condition provided the same is certified by the treating Medical Practitioner. We will pay the cash benefit towards palliative care or hospice care for Hospitalization, Day Care treatment or OPD treatment of the Insured Person and any associated reasonable costs for accommodation, nursing care, prescribed medicines, physical and psychological care.

The benefit is payable up to the limit as specified in the Policy Schedule / Certificate of Insurance.

23. Surgery Loss of Earning Benefit

If during the Policy Year, the Insured Person suffers an Illness/ Injury due to an Accident and that Illness/ Injury solely and directly results in the Hospitalisation of the Insured Person to undergo a Surgical Procedure, covered under the policy, and Post Surgery the Insured Person suffers permanent Total Disablement or coma, as an effect he/she is disabled from engaging in his/her primary occupation and loses his/her source of income generation. We will pay the Sum Insured as per limit as specified in the Policy Schedule / Certificate of Insurance.

24. Surgery Loss of Earning Cash

If during the Policy Year, the Insured Person suffers an Illness/ Injury due to an Accident and that Illness/ Injury solely and directly results in the Hospitalisation of the Insured Person to undergo a Surgical Procedure, covered under the policy, and Post Surgery the Insured Person suffers permanent Total Disablement or coma, as an effect he/she is disabled from engaging in his/her primary occupation and loses his/her source of income generation. We will pay the cash benefit up to the limit as specified in the Policy Schedule / Certificate of Insurance.

25. Surgery Loss of Family earning

If during the Policy Year, the Insured Person suffers an Illness/ Injury due to an Accident and that Illness/ Injury solely and directly results in the Hospitalisation of the Insured Person to undergo a Surgical Procedure, covered under the policy, and Post Surgery the Insured Person suffers permanent Total Disablement or coma, as an effect he/she is disabled from engaging in his/her primary occupation and loses his/her source of income generation. We will pay the cash benefit up to the limit as specified in the Policy Schedule / Certificate of Insurance.

26. Surgery Medical Appliances Benefit

If during the Policy Year, the Insured Person suffers an Illness/ Injury due to an Accident and that Illness/ Injury solely and directly results in the Hospitalisation of the Insured Person to undergo a Surgical Procedure, covered under the policy, and Post Surgery the Insured Person is advised to use mechanical equipment, special devices or other aids and adaptations in use for disabled persons (unless specified otherwise in the Policy Schedule / Certificate of Insurance).

- The Benefit will cover visits by a Qualified Nurse for as long as it is required for a period specified in the Policy Schedule / Certificate of Insurance.
- This Benefit is not related to any Domiciliary Hospitalisation.

For the purpose of this Section, “activities of daily living” means:

- Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene.
- Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other Surgical Appliances.
- Transferring: the ability to move from a lying position in a bed to a sitting position in an upright chair or wheelchair and vice versa.
- Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.
- Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available.
- Mobility: the ability to move indoors from room to room on level surfaces at the normal place of residence.

27. Surgery Medical Appliances Cash

If during the Policy Year, the Insured Person suffers an Illness/ Injury due to an Accident and that Illness/ Injury solely and directly results in the Hospitalisation of the Insured Person to undergo a Surgical Procedure, covered under the policy, and Post Surgery the Insured Person is advised to use mechanical equipment, special devices or other aids and adaptations in use for disabled persons (unless specified otherwise in the Policy Schedule / Certificate of Insurance).

The benefit is payable up to the limit as specified in the Policy Schedule / Certificate of Insurance.

28. Surgery Medical Appliances Cover

If during the Policy Year, the Insured Person suffers an Illness/ Injury due to an Accident and that Illness/ Injury solely and directly results in the Hospitalisation of the Insured Person to undergo a Surgical Procedure, covered under the policy, and Post Surgery the Insured Person is advised to use mechanical equipment, special devices or other aids and adaptations in use for disabled persons (unless specified otherwise in the Policy Schedule / Certificate of Insurance).

The benefit is payable up to the limit as specified in the Policy Schedule / Certificate of Insurance.
If during the Policy Year, the Insured Person suffers an Illness/ Injury due to an Accident and that Illness/ Injury solely and directly results in the Hospitalisation of the Insured Person to undergo a Surgical Procedure, covered under the Policy and Post Surgery the Insured Person is advised by the treating medical practitioner to use asthma pumps, blood glucose monitors, surgical stockings, CPAP devices, hearing aids, spinal supports, knee braces, crutches, wheel chair, walker, walking stick, nebulizer, catheter, thermometer, BP monitor, infusion pump, dialysis equipment or conduct the daily activities through artificial or prosthetic device, We will pay the actual cost of such external aids and appliances up to the limit as specified in the Policy Schedule/ Certificate of Insurance.

The Insured Person understands and agrees that he/ she can exercise the option to secure an expert opinion, provided that:

a. We have received a written request from the Insured Person to exercise this option.

b. The expert opinion will be based only on the information and documentation provided by the Insured Person.

c. This Benefit can be availed only once, by each Insured Person during the lifetime of the Policy for a particular Critical Illness, Permanent Total Disablement, Permanent Partial Disablement or Temporary Total Disablement.

d. This Benefit is only a value added service provided by Us and does not deem to substitute the Insured Person’s visit or consultation to an independent Medical Practitioner.

e. The Insured Person is free to choose whether or not to obtain the expert opinion, and if obtained then whether or not to act on it.

f. We shall not, in any event be responsible for any actual or alleged errors or omissions made by any Medical Practitioner or in any expert opinion or for any consequence of actions taken or not taken in reliance thereon.

g. The expert opinion under this cover shall be limited to covered conditions and shall not be valid for any medico legal purposes.

h. We do not assume any liability towards any loss or damage arising out of or in relation to any expert opinion, advice, prescription, actual or alleged errors, omissions and representations made by the Medical Practitioner.

If during the Policy Year, the Insured Person suffers an Illness/ Injury due to an Accident and that Illness/ Injury solely and directly results in the Hospitalisation of the Insured Person to undergo a Surgical Procedure, covered under the Policy and Post Surgery the Insured Person is advised by the treating medical practitioner to use asthma pumps, blood glucose monitors, surgical stockings, CPAP devices, hearing aids, spinal supports, knee braces, crutches, wheel chair, walker, walking stick, nebulizer, catheter, thermometer, BP monitor, infusion pump, dialysis equipment or conduct the daily activities through artificial or prosthetic device, We will pay the actual cost of such external aids and appliances up to the limit as specified in the Policy Schedule/ Certificate of Insurance.

The Benefit specified above will be payable provided that:

a. The Permanent Partial Disablement is proved; and a disability certificate issued by a civil surgeon or the equivalent appointed by the District, State or Government Board is given to Us;

b. For disablement other than physical separation of limbs/ digits, the Permanent Partial Disablement continues for a period of at least 180 days from the commencement of the Permanent Partial Disablement and We are satisfied at the expiry of the 180 days that there is no reasonable medical hope of improvement and such disablement is permanent at the end of this period;

c. If the Insured Person dies before a claim has been admitted under this Benefit, then no amount will be payable under this Benefit; however, benefit under Accidental Death shall become payable in lieu of this benefit, if opted.

If the Insured Person suffers a loss that is not of the nature of Permanent Partial Disablement specified in the above clause, then a disability certificate issued by a civil surgeon or the equivalent appointed by the District, State or Government Board will determine the degree of disablement and the amount payable.

If during the Policy Year, the Insured Person suffers an Illness/ Injury due to an Accident and that Illness/ Injury solely and directly results in the Hospitalisation of the Insured Person to undergo a Surgical Procedure, covered under the Policy and Post Surgery the Insured Person is advised by the treating medical practitioner to use asthma pumps, blood glucose monitors, surgical stockings, CPAP devices, hearing aids, spinal supports, knee braces, crutches, wheel chair, walker, walking stick, nebulizer, catheter, thermometer, BP monitor, infusion pump, dialysis equipment or conduct the daily activities through artificial or prosthetic device, We will pay the actual cost of such external aids and appliances up to the limit as specified in the Policy Schedule/ Certificate of Insurance.

The Benefit specified above will be payable provided that:

a. The Permanent Partial Disablement is proved; and a disability certificate issued by a civil surgeon or the equivalent appointed by the District, State or Government Board is given to Us;

b. For disablement other than physical separation of limbs/ digits, the Permanent Partial Disablement continues for a period of at least 180 days from the commencement of the Permanent Partial Disablement and We are satisfied at the expiry of the 180 days that there is no reasonable medical hope of improvement and such disablement is permanent at the end of this period;

c. If the Insured Person dies before a claim has been admitted under this Benefit, then no amount will be payable under this Benefit; however, benefit under Accidental Death shall become payable in lieu of this benefit, if opted.

If the Insured Person suffers a loss that is not of the nature of Permanent Partial Disablement specified in the above clause, then a disability certificate issued by a civil surgeon or the equivalent appointed by the District, State or Government Board will determine the degree of disablement and the amount payable.
34. Surgery Permanent Total Disablement Benefit
If during the Policy Year, the Insured Person suffers an Illness/ Injury due to an Accident and that Illness/ Injury solely and directly results in the Hospitalisation of the Insured Person to undergo a Surgical Procedure, covered under the Policy and suffers Permanent Total Disablement, which is the nature specified in the table below (within 365 days from the date of the Injury, if caused due to Accident), We will pay the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance.

For the purpose of this Benefit, Limb means a hand at or above the wrist or a foot above the ankle; Physical separation of one hand or foot means separation at or above wrist and/or at or above ankle, respectively.
The Benefit as specified above will be payable provided that:

a. The Permanent Total Disablement is proved; and a disability certificate issued by a civil surgeon or the equivalent appointed by the District, State or Government Board is given to us.

b. For disablement other than physical separation of limb/s, digit/s, the Permanent Total Disablement continues for a period of at least 180 days from the commencement of the Permanent Total Disablement, and We are satisfied at the expiry of the 180 days that there is no reasonable medical hope of improvement and such disability is permanent at the end of this period.

c. If the Insured Person dies before a claim has been admitted under this Benefit, then no amount will be payable under this Benefit; however, benefit under Accidental Death shall become payable in lieu of this Benefit, if opted.

d. Once a claim has been accepted and paid under this Benefit then the Insured Person’s insurance cover under this section will lapse.

35. Surgery Permanent Total Disablement Cash
If during the Policy Year, the Insured Person suffers an Illness/ Injury due to an Accident and that Illness/ Injury solely and directly results in the Hospitalisation of the Insured Person to undergo a Surgical Procedure, covered under the Policy and suffers Permanent Total Disablement or mental disability, however the Insured Person is capable to take up an alternate occupation which requires training, We will pay the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance towards the expenses incurred to re-train the Insured Person for an alternative occupation either in the business of the Policyholder or elsewhere.

For the purpose of this Benefit, Limb means a hand at or above the wrist or a foot above the ankle; Physical separation of one hand or foot means separation at or above wrist and/or at or above ankle, respectively.
The Benefit as specified above will be payable provided that:

a. The Permanent Total Disablement is proved; and a disability certificate issued by a civil surgeon or the equivalent appointed by the District, State or Government Board is given to us.

b. For disablement other than physical separation of limb/s, digit/s, the Permanent Total Disablement continues for a period of at least 180 days from the commencement of the Permanent Total Disablement, and We are satisfied at the expiry of the 180 days that there is no reasonable medical hope of improvement and such disability is permanent at the end of this period.

c. If the Insured Person dies before a claim has been admitted under this Benefit, then no amount will be payable under this Benefit; however, benefit under Accidental Death shall become payable in lieu of this Benefit, if opted.

d. Once a claim has been accepted and paid under this Benefit then the Insured Person’s insurance cover under this section will lapse.

36. Surgery Rehabilitation Benefit
If during the Policy Year, the Insured Person suffers an Illness/ Injury due to an Accident and that Illness/ Injury solely and directly results in the Hospitalisation of the Insured Person to undergo a Surgical Procedure, covered under the Policy and after the discharge of the Insured Person is necessarily required to avail specialist consultation, counselling, extended physiotherapy at a recognised rehabilitation unit, We will pay the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance, for such medical Expenses towards rehabilitation.

The benefit is payable subject to being medically Necessary and recommended by the treating Medical Practitioner.

37. Surgery Rehabilitation Cover
If during the Policy Year, the Insured Person suffers an Illness/ Injury due to an Accident and that Illness/ Injury solely and directly results in the Hospitalisation of the Insured Person to undergo a Surgical Procedure, covered under the Policy and Post Surgery the Insured Person is necessarily required to avail specialist consultation, counselling, extended physiotherapy at a recognised rehabilitation unit, We will pay the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance, for such medical Expenses towards rehabilitation.

The benefit is payable subject to being medically Necessary and recommended by the treating Medical Practitioner.
This Benefit shall be payable subject to the following:

i. The Sum Insured shall be payable to the Insured Person's nominee or the legal representative, as the case may be.

ii. On the acceptance of a claim and payment being made under this Benefit, all cover under this Policy shall immediately and automatically cease in respect of that Insured Person.

iii. The Injury causing death is due to an Accident arising out of the Insured Person's engagement in any Adventure Sport which is carried out in accordance with the guidelines, codes of good practice and any recommendations for safe practices as laid down by the applicable governing body or sports authority.

3. Accidental Death-Professional Semi Professional Sports

If during the Policy Year, the Insured Person suffers an Injury due to an Accident whilst on a Trip, caused by his/her participation in a Professional / Semi Professional sport, covered under the policy and that Injury solely and directly results in the Insured Person's death within 365 days from the date of the Accident, We will pay the Sum Insured as specified in the Policy Schedule / Certificate of Insurance.

This Benefit shall be payable subject to the following:

i. The Sum Insured shall be payable to the Insured Person's nominee or the legal representative, as the case may be.

ii. On the acceptance of a claim and payment being made under this Benefit, all cover under this Policy shall immediately and automatically cease in respect of that Insured Person.

iii. The Injury causing death is due to an Accident arising out of the Insured Person's engagement in any Professional / or Semi Professional sport which is carried out in accordance with the guidelines, codes of good practice and any recommendations for safe practices as laid down by the applicable governing body or sports authority.

4. Travel Accidental Death - Common Carrier Coverage

If an Insured Person suffers an Injury due to an Accident whilst on a Trip while the Insured Person is travelling as a passenger on a Common Carrier, and that Injury solely and directly results in the Insured Person's death within 365 days from the date of the Accident, We will pay the Sum Insured as specified in the Policy Schedule / Certificate of Insurance.

This Benefit shall be payable subject to the following:

1. The Sum Insured shall be payable to the Insured Person's nominee or the legal representative, as the case may be.

2. On the acceptance of a claim and payment being made under this Benefit, all cover under this Policy shall immediately and automatically cease in respect of that Insured Person.

5. Travel Accidental Hospitalisation Cover

If an Insured Person during a Trip suffers an Injury due to an Accident while engaging in an Adventure Sport covered under the policy and that Injury solely and directly results in the Hospitalisation of the Insured Person, We will pay the Reasonable and Customary charges for the following Medical Expenses provided that the purpose of Hospitalisation is to avail Medically Necessary Treatment of the Insured Person and admission date of Hospitalisation is within the Policy year, and requires hospitalisation, then the Company shall cover / indemnify the Medical Expenses incurred, on the recommendation of a Medical Practitioner, up to limit as specified in the Policy Certificate.

i. Room charges up to the category/limit specified in the Policy Schedule / Certificate Of Insurance.

ii. Charges for accommodation in ICU/CCU/HDU.

iii. Operation theatre cost.

iv. Medical Practitioner fees, such as Surgeon's fee, etc.

v. Specialist fee.

vi. Surgeon's fee.

vii. Anaesthetist fee.

viii. Radiologist fee.

ix. Pathologist fee.

x. Assistant Surgeon fee.

xi. Qualified Nurses fee.

xii. Medicinal expenses:

xiii. Cost of diagnostic tests as an In-patient.

xiv. Surgical appliance and/or Medical appliance.

If the Insured Person is admitted in a room where the room category or the Room Rent incurred is higher than the category as specified in the Policy Schedule / Certificate Of Insurance, then the Policyholder Insured Person shall bear a ratable proportion of the total Associated Medical Expenses (including surcharge or taxes thereon) in proportion to the difference between the Room Rent of the specified category/eligible Room Rent to the Room Rent actually incurred, unless specified otherwise.

Artificial life maintenance will be covered, including life support machine use, where such treatment will not result in the restoration of the previous state of health, under any circumstances, unless in a vegetative state as certified by the treating medical practitioner.

Day Care and/or Domiciliary Treatment will be covered under the Benefit if opted and under this Policy shall immediately and automatically cease in respect of that Insured Person.

6. Travel Accidental Out-Patient Cover

If an Insured Person during a Trip suffers an Injury due to an Accident while engaging in an Adventure Sport covered under the policy and that Injury solely and directly results in the Hospitalisation of the Insured Person, We will pay the Sum Insured in case of In-patient Treatment of the Insured Person and admission date of the Hospitalisation is within the Policy year.

7. Travel Accidental Hospitalisation Benefit

If an Insured Person during a Trip suffers an Injury due to an Accident while engaging in an Adventure Sport covered under the policy and that Injury solely and directly results in the Hospitalisation of the Insured Person, We will pay the Sum Insured in case of In-patient Treatment of the Insured Person and admission date of the Hospitalisation is within the Policy year.

8. Travel Accidental Out-Patient Benefit

If an Insured Person during a Trip suffers an Injury due to an Accident while engaging in an Adventure Sport covered under the policy, and the Insured Person avails any one or more of the following Medically Necessary Treatment, solely and directly for the Injury, on an Out-patient basis, We will pay the Sum Insured as specified in the Policy Schedule / Certificate of Insurance:

i. Consultations with Medical practitioners and specialist.

ii. Prescribed medicines, drugs and dressings.

iii. Diagnostics tests such as laboratory test, radiology and pathology, MRI, CAT scan and PET scan.

9. Travel Accidental Hospitalisation Cash

If an Insured Person during a Trip suffers an Injury due to an Accident while engaging in an Adventure Sport covered under the policy and that Injury solely and directly results in the Hospitalisation of the Insured Person, We will pay the Cash Benefit for each continuous and completed period of Hospitalisation as specified in the Policy Schedule/Certificate of Insurance, provided that the purpose of Hospitalisation is to avail Medically Necessary Treatment of the Insured Person and admission date of Hospitalisation is within the Policy year.

10. Alternate Employee/Substitute Employee Expenses Cover

If the Company has accepted a claim (with respect to Travel benefits) towards the Injury, Illness, and another person will be appointed as the substitute representative, as the case may be.

a. To have himself/herself examined by a qualified practitioner.

b. In the event of PPD and PTD, the Insured Person will be under the following obligations:

i. In the event of PPD and PTD, the Insured Person will be under the following obligations:

ii. The Insured Person will be under the following obligations:

11. Alternate Employee/Substitute Employee Expenses Benefit

If the Company has accepted a claim (with respect to Travel benefits) towards the Injury, Illness, and another person will be appointed as the substitute representative, as the case may be.

a. To have himself/herself examined by a qualified practitioner.

b. In the event of PPD and PTD, the Insured Person will be under the following obligations:

i. In the event of PPD and PTD, the Insured Person will be under the following obligations:

ii. The Insured Person will be under the following obligations:

12. Bounced Hotel Booking Cover

If the Insured Person is denied a confirmed accommodation booking at the Intended Destination, whilst on a Trip, at the sole instance of the accommodation provider due to overbooking, We will cover the below stated expenses, up to the limit as specified in the Policy Schedule / Certificate of Insurance:

a) Reasonable expenses incurred towards transportation of the Insured Person to an alternative place of accommodation.

b) Reasonable and necessary costs of upgrading accommodation booking to a superior class of accommodation, wherever an alternate accommodation booking is not available on the price of the original accommodation booking was provided with proof that the alternate accommodation was not available at the price of the original.
accompanyment booking in the form of a certificate issued by the provider of such alternate accommodation.

13. Bounced Hotel Booking Benefit
If the Insured Person is denied a confirmed accommodation booking at the Intended Destination, whilst on a Trip, the Company will pay the sum insured, as specified in the Policy Schedule/Certificate of Insurance.

The benefit is payable subject to below conditions:

a) Expenses incurred towards transportation of the Insured Person to the alternative place of accommodation.

b) Expenses incurred towards upgrade of accommodation booking to a superior class of accommodation, wherever an alternate accommodation booking is not available on the price of the original accommodation booking, provided the upgraded accommodation booking is not available at the price of the original accommodation booking in the form of a certificate issued by the provider of such alternate accommodation.

14. Bounced Hotel Booking Cash
If the Insured Person is denied a confirmed accommodation booking at the Intended Destination, whilst on a Trip, the Insured Person shall be entitled to the benefit, provided that the accommodation booking is not available at the price of the original accommodation booking in the form of a certificate issued by the provider of such alternate accommodation.

15. Travel Compassionate Visit Cover
A. If the Insured Person is hospitalized for more than seven (7) consecutive days in a Place of Origin on a Trip for any reason, we will pay the sum insured, as specified in the Policy Schedule/Certificate of Insurance, towards the expenses incurred for obtaining return tickets in economy class on a Common Carrier to his usual place of residence and return to the Place of Origin, and for the duration of the stay in the Hospital up to the limit specified in the Policy Schedule/Certificate of Insurance, provided that the attending Medical Practitioner certifies in writing that the Insured Person is advised to visit the Place of Origin.

B. If an Immediate Family Member of the Insured Person is hospitalized in the Place of Origin, provided that the attending Medical Practitioner certifies in writing that an Immediate Family Member would benefit from the Insured Person's visit.

16. Travel baggage delay benefit
A. If the Insured Person is hospitalized for more than seven (7) consecutive days in a Place of Origin on a Trip for any reason, we will pay the sum insured, as specified in the Policy Schedule/Certificate of Insurance, towards the expenses incurred for obtaining return tickets in economy class on a Common Carrier to his usual place of residence and return to the Place of Origin, and for the duration of the stay in the Hospital up to the limit specified in the Policy Schedule/Certificate of Insurance, provided that the attending Medical Practitioner certifies in writing that the Insured Person is advised to visit the Place of Origin.

B. If an Immediate Family Member of the Insured Person is hospitalized in the Place of Origin, provided that the attending Medical Practitioner certifies in writing that an Immediate Family Member would benefit from the Insured Person's visit.

17. Missed Port Departure
In the event of the Insured Person's failure to arrive at the first Port of departure in time to board the Common Carrier on which he/she has booked to travel on a Cruise, caused as a result of any of the following event(s) occurring before the Insured Person's departure, we will pay the sum insured, as specified in the Policy Schedule/Certificate of Insurance, towards the expenses incurred for obtaining return tickets in economy class on a Common Carrier to the Insured Person's Place of Origin or Place of Residence in the event of an unexpected delay in arriving at the first Port of departure of the Common Carrier on which he/she has booked to travel on a Cruise.

18. Missed Port Departure
In the event of the Insured Person's failure to arrive at the first Port of departure in time to board the Common Carrier on which he/she has booked to travel on a Cruise, caused as a result of any of the following event(s) occurring before the Insured Person's departure, we will pay the sum insured, as specified in the Policy Schedule/Certificate of Insurance, towards the expenses incurred for obtaining return tickets in economy class on a Common Carrier to the Insured Person's Place of Origin or Place of Residence in the event of an unexpected delay in arriving at the first Port of departure of the Common Carrier on which he/she has booked to travel on a Cruise.

19. Unused Excursion Cover
On the occurrence of any Illness or Injury to an Insured Person, whilst on a Cruise, which causes the Insured Person to be confined/quartered by a Medical Practitioner to his/her own cabin/medical ward on board the Common Carrier, we will pay the Insured Person towards cost incurred in advance for the return trip, which such Insured Person was unable to utilize and which are not recoverable from any other source. The benefit is payable up to the limit specified in the Policy Schedule/Certificate of Insurance.

20. Unused Excursion Benefit
On the occurrence of any Illness or Injury to an Insured Person, whilst on a Cruise, which causes the Insured Person to be confined/quartered by a Medical Practitioner to his/her own cabin/medical ward on board the Common Carrier, we will pay the Insured Person towards cost of on-shore excursions booked in advance for the return trip, which such Insured Person was unable to utilize and which are not recoverable from any other source. The benefit is payable up to the limit specified in the Policy Schedule/Certificate of Insurance.

21. Cruise Interruption Cover
In the event of the Insured Person requiring Hospitalization on dry land due to any unexpected Illness or Injury of a temporary nature, we will pay the reasonable cost necessarily incurred towards any alternate travel bookings in reaching the nearest Port at which the Common Carrier shall dock for the same Cruise, which such Insured Person was unable to utilize, and which are not recoverable from any other source. The benefit is payable up to the limit specified in the Policy Schedule/Certificate of Insurance.

22. Cruise Interruption Benefit
In the event of the Insured Person requiring Hospitalization on dry land due to any unexpected Illness or Injury of a temporary nature, we will pay the Insured Person towards cost of any alternate travel bookings in reaching the nearest Port at which the Common Carrier shall dock for the same Cruise, which such Insured Person was unable to utilize, and which are not recoverable from any other source. The benefit is payable up to the limit specified in the Policy Schedule/Certificate of Insurance.

Conditions applicable to Missed Port Departure Cover/Benefit, Unused Excursion Cover/Benefit and Cruise Interruption Cover Benefit are mentioned below.

The benefit shall be payable subject to the following:

1. In the event of a claim arising from a delay due to an Accident or breakdown on the motorway or thoroughfare, a written confirmation from a police officer or an emergency service provider that such an Accident or breakdown caused the Insured Person to be confined/quartered by a Medical Practitioner to his/her own cabin/medical ward on board the Common Carrier, we will pay the Insured Person towards cost of on-shore excursions booked in advance for the return trip, which such Insured Person was unable to utilize, and which are not recoverable from any other source. The benefit is payable up to the limit specified in the Policy Schedule/Certificate of Insurance.

2. The Insured Person having allowed sufficient time for the scheduled Common Carrier or any vehicle in which the Insured Person was travelling, to arrive at the first Port of departure of the Cruise in time.

Specific Exclusions applicable to Missed Port Departure Cover/Benefit, Unused Excursion Cover/Benefit and Cruise Interruption Cover Benefit:

The Company shall not be liable to make any payment for any claim under this Benefit of the Policy, even if all applicable conditions have been satisfied, if the Company, directly or indirectly, for the purpose of, caused, by, arising from or in any way attributable to any of the following:

a) Any claims arising with less than 25% of the Trip's duration remaining.

b) Any claim arising, directly or indirectly, from an Illness or Injury known prior to the scheduled departure of the Common Carrier (on which the Insured Person is booked to travel on a Cruise).

23. Baggage Delay Cover
In the event of delayed arrival of the Checked-in Baggage whilst on a Trip and whilst it is in the custody of the Common Carrier, we will pay the reasonable cost necessarily incurred towards emergency purchases of toiletries, medication and clothing up to the limit as specified in the Policy Schedule/Certificate of Insurance OR the expenses incurred by the Insured Person towards transportation for recovering the Checked-in Baggage from the Common Carrier.

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

This Benefit shall be payable subject to the following:

1. For each and every claim made under this Benefit, a Deductible of the number of hours specified in the Policy Schedule/Certificate of Insurance will be applicable in terms of delay in arrival of the Checked-in Baggage from the actual arrival time at the destination from the Checked-in Baggage Coverage Destination.

2. The Company is provided with a proof of such delay in writing from the Common Carrier.

3. The Company is provided with the receipts of the purchase of toiletries, medication and clothing that the Insured Person has purchased in the course of the delay.

4. If the Company makes any payment under this benefit, it is agreed that any recovery from any Common Carrier by the Insured Person shall become the property of the Company.

5. In the event of simultaneous claims under this Benefit as well as under Loss of Baggage Cover/Benefit, the higher of the claims shall be payable by the Company in respect of each of the checked-in Baggage during any one Period of Insurance.

Specific Exclusions:

The Company shall not be liable to make any payment for any claim under this Benefit of the Policy, even if all applicable conditions have been satisfied, if the Company, directly or indirectly, for the purpose of, caused, by, arising from or in any way attributable to any of the following:

1. Valuable, Money, any kind of securities and tickets/passes or any other item not covered and exempted from the scope of this Policy/Certificate of Insurance.

2. Loss of any Checked-in Baggage unless a Property Irregularity Report or other report usually issued by the Common Carrier in the event of loss of Checked-in Baggage has been procured and submitted to the Company.

3. Any partial loss of the items contained in the Checked-in Baggage.

4. Losses arising from any delay, detention, confiscation by the customs officials or other public authorities.

5. Any delay while the Insured Person is in Place of Origin.

24. Baggage Delay Benefit
In the event of delayed arrival of the Checked-in Baggage whilst on a Trip and whilst it is in the custody of the Common Carrier, we will pay the Insured Person towards emergency purchases of toiletries, medication and clothing up to the limit as specified in the Policy Schedule/Certificate of Insurance OR the expenses incurred by the Insured Person towards transportation for recovering the Checked-in Baggage from the Common Carrier.

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

This Benefit shall be payable subject to the following:

1. In the event of a claim arising from a delay due to an Accident or breakdown on the motorway or thoroughfare, a written confirmation from a police officer or an emergency service provider that such an Accident or breakdown causes the Insured Person to be confined/quartered by a Medical Practitioner to his/her own cabin/medical ward on board the Common Carrier, we will pay the Insured Person towards cost of on-shore excursions booked in advance for a part of the Trip, which such Insured Person was unable to utilize and which are not recoverable from any other source. The benefit is payable up to the limit specified in the Policy Schedule/Certificate of Insurance.
1. For each and every claim made under this Benefit, the cover eligibility starts after the number of hours specified in the Policy Schedule / Certificate of Insurance and shall be separately applicable in terms of delay in arrival of the Check-in Baggage from the actual arrival time of the Common Carrier at the Insured Person’s Intended Destination.

2. The Company is provided with a proof of such delay in writing from the Common Carrier.

Specific Exclusions:

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

1. Loss of any Check-in Baggage unless a Property Irregularity Report or other report usually issued by the Common Carrier in the event of loss of Check-in Baggage has been procured and submitted to the Company.
2. Any partial loss of the items contained within the Check-in Baggage.
3. Losses arising from any delay, detention, confiscation by the customs officials or other public authorities.
4. Any delay while the Insured Person is in Place of Origin.
5. Loss due to complete/partial damage of the Check-in Baggage.

25. Baggage Delay Cash

In the event of delay in scheduled arrival of the Check-in Baggage whilst on a Trip and whilst it is in the custody of the Common Carrier, We will pay the cash benefit, as per the limit specified in the Policy Schedule / Certificate of Insurance, towards cost incurred against emergency purchases of toiletries, medication and clothing OR the expenses incurred by the Insured Person towards transportation for recovering the Check-in Baggage from the Common Carrier.

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

This Benefit shall be payable subject to the following:

1. For each and every claim made under this Benefit, the cover eligibility starts after the number of hours specified in the Policy Schedule / Certificate of Insurance and shall be separately applicable in terms of delay in arrival of the Check-in Baggage from the actual arrival time of the Common Carrier at the Insured Person’s Intended Destination.
2. The Company is provided with a proof of such delay in writing from the Common Carrier.

Specific Exclusions:

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

1. Loss of any Check-in Baggage unless a Property Irregularity Report or other report usually issued by the Common Carrier in the event of loss of Check-in Baggage has been procured and submitted to the Company.
2. Any partial loss of the items contained within the Check-in Baggage.
3. Losses arising from any delay, detention, confiscation by the customs officials or other public authorities.
4. Any delay while the Insured Person is in Place of Origin.
5. Loss due to complete/partial damage of the Check-in Baggage.

26. Travel Dental Treatment Expenses Cover

On the occurrence of any Illness contracted or Injury sustained by an Insured Person whilst on a Trip, We will pay the Sum Insured as specified in the Policy Schedule / Certificate of Insurance if the Insured Person, by air or surface, for Medically Necessary Treatment to a place of his/her choice.

The treatment would be carried out subject to the following:

1. Any Pre-existing Condition and/or any complications arising from it.
2. Cementing or fixation of tooth or teeth bridge/s.
4. Treatment of orthodontic, degenerative or oncological diseases.
5. Rest or recuperation at a spa or health resort, sanatorium, convalescence home or similar institution.
6. Treatment which could be reasonably delayed until the Insured Person’s return to Place of Origin. The question of what can or what cannot be reasonably delayed will be decided jointly by the treating Medical Practitioner, the EASP and the Company and shall be in accordance with accepted standards of medical care.

7. Treatment relating to the removal of physical flaws or anomalies (cosmetic treatment or plastic surgery) in any form or manner unless medically necessary as a part of any covered treatment.

27. Travel Dental Treatment Expenses Benefit

On the occurrence of any Illness contracted or Injury sustained by an Insured Person whilst on a Trip, We will pay the Sum Insured as specified in the Policy Schedule / Certificate of Insurance, towards cost incurred against any anesthetic treatment of a natural tooth or teeth or if the Insured Person, by air or surface, is travelling suffers an Illness or Injury that results in death or requires Emergency care.

Specific Conditions applicable:

- The treatment would be carried out subject to the following:
  1. Any Pre-existing Condition and/or any complications arising from it.
  2. Cementing or fixation of tooth or teeth bridge/s.
  4. Treatment of orthodontic, degenerative or oncological diseases.
  5. Rest or recuperation at a spa or health resort, sanatorium, convalescence home or similar institution.
  6. Treatment which could be reasonably delayed until the Insured Person’s return to Place of Origin.
  7. The question of what can or what cannot be reasonably delayed will be decided jointly by the treating Medical Practitioner, the EASP and the Company and shall be in accordance with accepted standards of medical care.

- Treatment relating to the removal of physical flaws or anomalies (cosmetic treatment or plastic surgery) in any form or manner unless medically necessary as a part of any covered treatment.

28. Travel Emergency Accommodation Cover

If an Insured Person’s intended place of accommodation, in the Place of visit, is rendered uninhabitable due to fire, flood, earthquake, storm, hurricane, explosion, or outbreak of major infectious illnesses, We will pay the difference in costs towards any alternate accommodation booking made by the Insured Person, up to the limit, specified in the Policy Schedule / Certificate of Insurance.

The alternate accommodation booked by the Insured Person under this Benefit should be of a similar and comparable class.

29. Travel Emergency Accommodation Cash

If an Insured Person’s intended place of accommodation is rendered uninhabitable due to fire, flood, earthquake, storm, hurricane, explosion, or outbreak of major infectious illnesses, We will pay the cash benefit, as specified in the Policy Schedule / Certificate of Insurance, towards any alternate accommodation booking made by the Insured Person.

30. Emergency Accommodation (Corporate) Cover

In case of a Trip Interruption, We will cover the following expenses incurred towards the Insured Person, up to the limit specified under the Policy Schedule/ Certificate of Insurance.

1. Expenses incurred towards any travel bookings for travel in a Common Carrier and accommodation bookings for future scheduled travel to reach the Insured Person in the Place of Visit, which are not recoverable from any other source.
2. Any reasonable and necessary expenses incurred by the Insured Person for any alternative travel booking and accommodation expenses for
   a. Returning to Place of Origin, or
   b. Continuing the Trip immediately after the events causing the Trip Interruption have ceased to be operative.

For the purpose of this Benefit, “Trip Interruption” means any cancellation or delay of the Insured Person’s journey on a Common Carrier after commencement of the Trip, if his/her Close Business Associate, Immediate Family Member or Travelling companion with whom the insured person is travelling suffers an Illness or Injury that results in death or requires Emergency care.

31. Emergency Accommodation (Corporate) Cash

In the event of a Trip Interruption, We will pay the cash benefit as specified under the Policy Schedule/ Certificate of Insurance.

For the purpose of this Benefit, “Trip Interruption” means any cancellation or delay of the Insured Person’s journey on a Common Carrier after commencement of the Trip, if his/her Close Business Associate, Immediate Family Member or Travelling companion with whom the Insured Person is travelling suffers an Illness or Injury that results in death or requires Emergency care.

32. Emergency Hotel Extension Cover

If the Insured Person is Hospitalised due to an Illness or Accident, whilst on a Trip, We will pay the reasonable expenses incurred towards the cost of Hotel accommodation of the Insured person and his family members, subject to the following conditions and only from the date of discharge from the hospital of the Insured Person and his family and their members, and up to the number of hours specified in the Policy Schedule/ Certificate of Insurance.

The benefit is available up to the limit specified under the Policy Schedule/ Certificate of Insurance.

Conditions applicable:

1. The Insured Person and his family members are unable to travel on the Scheduled Date of Departure due to confinement of the Insured Person to the Hospital and therefore would be required to postpone their date of departure to another date and time.
2. The Insured Person and his family members would be required to stay in a Hotel or any other place of accommodation beyond the date of discharge from the hospital of the insured person until the revised Date of Departure.

For this purpose, family member shall mean spouse, parent, children or in-law of the insured.

33. Emergency Hotel Extension Cash

If the Insured Person is Hospitalised due to an Illness or Accident, whilst on a Trip, We will pay the cash benefit towards the cost of Hotel accommodation of the Insured person and his family members, subject to the following conditions and only from the date of discharge from the hospital of the Insured Person until the revised date of departure or the expiry of seven days from the date of discharge of the Insured person from the hospital whichever is earlier.

The benefit is available up to the limit specified under the Policy Schedule/ Certificate of Insurance.

Conditions applicable:

1. The Insured Person and his family members are unable to travel on the Scheduled Date of Departure due to confinement of the Insured Person to the Hospital and therefore would be required to postpone their date of departure to another date and time.
2. The Insured Person and his family members would be required to stay in a Hotel or any other place of accommodation beyond the date of discharge from the hospital of the insured person until the revised Date of Departure.

For this purpose, family member shall mean spouse, parent, children or in-law of the insured.

34. Travel Emergency Medical Evacuation Cover

On the occurrence of any Illness contracted or Injury sustained by an Insured Person due to an Accident in a Place of Visit whilst on a Trip, We will pay the reasonably expenses incurred towards the cost of Medically Necessary Treatment to a place of the Insured Person’s residence, by air or surface, for Medically Necessary Treatment to a place of treatment in the Place of Visit/ Place of Origin or any other place of residence, up to the limit as specified in Policy Schedule/Certificate of Insurance.

This Benefit shall be payable subject to the following:

1. The transportation is provided by either a Common Carrier or an Ambulance.
2. The Insured Person is certificated in writing to be capable of being transported.
3. Any additional costs incurred in the course of such transportation directly arise as a consequence of the Insured Event.
4. Costs incurred towards any attending Medical Practitioner, nurse, orl and any one of his/ her relations, friends, Immediate Family Member or a Close Business Associate accompanying the Insured Person would be payable, if it is certificated in writing as being medically necessary by an empanelled Medical Practitioner of the Company/EASP.

35. Travel Emergency Medical Evacuation Benefit

On the occurrence of any Illness contracted or Injury sustained by an Insured Person due to an Accident in a Place of Visit whilst on a Trip, We will pay the Sum Insured, as specified in Policy Schedule/ Certificate of Insurance, towards the cost incurred on the prescribed transportation of the Insured Person, by air or surface, for Medically Necessary Treatment to a place of treatment in the Place of Visit/ Place of Origin or return to his/her place of residence.
This Benefit shall be payable subject to the following:

1. The transportation is provided by either a Common Carrier or an Ambulance.
2. The Insured Person is certified in writing to be capable of being transported.

36. Travel Emergency Medical Benefit

On the occurrence of any illness contracted or Injury sustained by an Insured Person due to an Accident in a Place of visit, whilst on a Trip, which requires Emergency Care, We will pay the following Medical Expenses incurred, as per the limit specified in the Policy Schedule / Certificate of Insurance.

Medical Expenses covered:
1. In-patient treatment and/or Day Care treatment in a local Hospital at the place the Insured Person is staying at the time of occurrence of an Insured Event.
2. Medically Necessary charges towards Hospital Room and Boarding, intensive Care Unit, Surgery (includes Operation room charges, Surgical Appliance, Surgeon Fee and Implant charges), Any associated surgery, Medical Practitioner’s visit fees, Specialist fees, Miscellaneous expenses towards In-patient treatment.
3. Diagnostic tests and all Reasonable and Customary Charges towards diagnostic methods necessary in the treatment of the Insured Person, provided these pertain to the Illness/Injury due to which the In-patient Treatment was deemed medically necessary.
4. Reasonable costs incurred on transportation by a surface Ambulance, immediately following the Accident, including costs incurred for medically necessary care carried out in the course of such transportation, to the nearest Hospital, or to the nearest Medical Practitioner, or to any special clinic if prescribed as such by a Medical Practitioner.
5. Miscellaneous expenses: Includes but not limited to cost of medicines/ Pharmacy/ Drugs/ Supplies, nursing charges, External medical appliances as prescribed by a registered Medical Practitioner as necessary and essential as part of the treatment on actual, Blood storage & processing charges, other services which are not part of any other above given heads.

37. Travel Emergency Medical Cash

On the occurrence of any illness contracted or Injury sustained by an Insured Person due to an Accident in a Place of visit, whilst on a Trip, which requires Emergency Hospitalisation of the Insured Person. We will pay the cash benefit as per the limit specified in the Policy Schedule / Certificate of Insurance. The benefit is payable subject to Hospitalisation for Emergency Care only.

38. Travel Emergency Medical Cash

On the occurrence of any illness contracted or Injury sustained by an Insured Person due to an Accident in a Place of visit, whilst on a Trip, which requires Emergency Hospitalisation of the Insured Person. We will pay the cash benefit as per the limit specified in the Policy Schedule / Certificate of Insurance. The benefit is payable subject to Hospitalisation for Emergency Care only.

Financial Assistance

In the event of a financial emergency arising in relation to the permanent and total loss of the Insured Person’s Money whilst on a Trip, due to any Theft, mugging, robbery, daicut, or pilferage of Money of the Insured Person in the Place of visit, We will cooperate with Insured Person’s relatives in India/ Place of Origin to provide emergency cash assistance to the Insured as per his/her requirement, up to the limit of Sum Insured as specified in the Policy Schedule / Certificate of Insurance.

This Benefit shall be payable subject to the following:
1. Such loss of Money is required to be reported to the Police having jurisdiction at the place of loss within 48 hours of the occurrence of the incident, and a written report being obtained for the same.
2. In case of loss of traveller’s cheques, such loss needs to be immediately reported to the local branches or agents of the applicable issuing authority.
3. It is a Condition Precedent to the Company’s liability under this Benefit that in the event of any such loss of Money, the Insured Person must notify the same to the Company as soon as practicable in complete detail of the occurrence, as are available, Police number, Member ID/Policy Certificate no. date of issuance, in addition to applicable Police Report/Issuing Authority’s notification by the Insured Person.

Specific Exclusions:

The Company shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:
1. Delayed arrival of the Insured Person or Travelling Companion
2. Any delayed departure caused by a Strike or industrial action known to exist or capable of being anticipated at the time the Trip was booked.
3. If the Common Carrier is taken out of service on the instruction of the Civil Aviation Authority, or any other governmental authority.

42. Flight Delay Cover

In the event of any delay of the Common Carrier, whilst on a Trip, at any Port specified in the Insured Person’s main travel booking except in Place of Origin, We will pay the reasonable and necessary expenses incurred on any alternate travel booking under any mode of transport, for travelling to the next Intended Destination as per the Insured Person’s main travel booking. The benefit is payable up to the limit specified in the Policy Schedule / Certificate of Insurance provided such delay is caused due to any of the following reasons:

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

This Benefit shall be payable subject to the following:
1. The Insured Person shall submit to the Company sufficient proof to substantiate the reason for such delay of the Common Carrier, unless this proof is available to the Company directly from a reliable source in the public domain;
2. The delay of the Common Carrier is in excess of 3 hours or the number of hours specified in the Policy Certificate from the scheduled time of the Common Carrier at the Port.
3. The Company shall be liable under this Benefit for only one/ multiple delay/s, as specified in the Policy Certificate, encountered by the Insured Person during the Period of Insurance, irrespective of whether the Policy is Single Trip or Multi Trip Policy.

Specific Exclusions:
The Company shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:
1. Delayed arrival of the Insured Person or Travelling Companion
2. Any delayed departure caused by a Strike or industrial action known to exist or capable of being anticipated at the time the Trip was booked.
3. If the Common Carrier is taken out of service on the instruction of the Civil Aviation Authority, or any other governmental authority.

43. Flight Delay Benefit

In the event of any delay of the Common Carrier, whilst on a Trip, at any Port specified in the Insured Person’s main travel booking except in Place of Origin, We will pay the Insured Person’s main travel booking excluding in Place of Origin. We will pay the Sum insured towards alternate travel bookings under any mode of transport, for travelling to the next Intended Destination as per the Insured Person’s main travel booking. The benefit is payable is Sum Insured as specified in the Policy Schedule / Certificate of Insurance provided such delay is caused due to any of the following reasons:

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

This Benefit shall be payable subject to the following:
1. The Insured Person shall submit to the Company sufficient proof to substantiate the reason for such delay of the Common Carrier, unless this proof is available to the Company directly from a reliable source in the public domain;
2. The delay of the Common Carrier is in excess of 3 hours or the number of hours specified in the Policy Certificate from the scheduled time of the Common Carrier at the Port.
3. The Company shall be liable under this Benefit for only one delay for a single/multi trip Policy encountered by the Insured Person during the Period of Insurance, for a Multi Trip Policy.

Specific Exclusions:
The Company shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:
1. Delayed arrival of the Insured Person or Travelling Companion
2. Any delayed departure caused by a Strike or industrial action known to exist or capable of being anticipated at the time the Trip was booked.
3. If the Common Carrier is taken out of service on the instruction of the Civil Aviation Authority, or any other governmental authority.

44. Flight Delay Cash

In the event of any delay of the Common Carrier, whilst on a Trip, at any Port specified in the Insured Person’s main travel booking except in Place of Origin, We will pay the Sum insured towards alternate travel bookings under any mode of transport, for travelling to the next Intended Destination as per the Insured Person’s main travel booking. The benefit is payable is as per the limit specified in the Policy Schedule / Certificate of Insurance, provided such delay is caused due to any of the following reasons:

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

This Benefit shall be payable subject to the following:
1. The Insured Person shall submit to the Company sufficient proof to substantiate the reason for such delay of the Common Carrier, unless this proof is available to the Company directly from a reliable source in the public domain;
2. The delay of the Common Carrier is in excess of 3 hours or the number of hours specified in the Policy Certificate from the scheduled time of the Common Carrier at the Port.
3. The Company shall be liable under this Benefit for only one/ multiple delay/s, as specified in the Policy Schedule / Certificate of Insurance, encountered by the Insured Person during the Period of Insurance, for a Single trip/Multi Trip Policy.

Specific Exclusions:
The Company shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:
1. Delayed arrival of the Insured Person or Travelling Companion
2. Any delayed departure caused by a Strike or industrial action known to exist or capable of being anticipated at the time the Trip was booked.
3. If the Common Carrier is taken out of service on the instruction of the Civil Aviation Authority, or any other governmental authority.

45. Hijack Distress Benefit

In the event that a Common Carrier in which the Insured Person is traveling, whilst on a Trip, is hijacked for more than the number of hours specified as eligibility in the Policy Schedule / Certificate of Insurance, We will pay the Sum Insured as specified in the Policy Schedule / Certificate of Insurance towards the Insured Person.

Specific Exclusions:
The Company shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:
1. Delayed arrival of the Insured Person or Travelling Companion
2. Any delayed departure caused by a Strike or industrial action known to exist or capable of being anticipated at the time the Trip was booked.
3. If the Common Carrier is taken out of service on the instruction of the Civil Aviation Authority, or any other governmental authority.
1. The Insured Person and/or his Immediate Family Member being suspected to be an accomplice or an accessory in such hijack.

2. Any claim as a consequence of a change in the regular routes of travel/journey of the Common Carrier due to traffic, weather, fuel shortage and technical snag or security reasons.

46. Hijack Distress Cash

In the event that a Common Carrier in which the Insured Person is travelling whilst on a Trip is hijacked for more than the number of hours specified as eligible in the Policy Schedule / Certificate of Insurance, We will pay the cash benefit, as specified in the Policy Schedule / Certificate of Insurance, for each continuous period for which the Insured Person is detained by hijackers. The benefit is payable up to the limit specified in the Policy Schedule / Certificate of Insurance.

Specific Exclusions:

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

1. The Insured Person and/or his Immediate Family Member being suspected to be an accomplice or an accessory in such hijack.

2. Any claim as a consequence of a change in the regular routes of travel/journey of the Common Carrier due to traffic, weather, fuel shortage and technical snag or security reasons.

47. Home to Home cover

If the Insured suffers an Injury due to an Accident during the Period of Insurance, whilst on the way from his/her place of residence to the Port in Place of Origin to board a Common Carrier for the purpose of commencement of a Trip, or whilst on the way back to his/her place of residence from the Port in Place of Origin upon arrival from the Place of visit, and that Injury solely and directly results in death or disablement of the Insured Person which is of the nature specified in the table of benefits below within 90 days from the date of such Accident, the Company shall pay the percentage of the Sum Insured as is specified in the table of benefits.

<table>
<thead>
<tr>
<th>Condition/Nature of Disablement</th>
<th>Percentage of Sum Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death</td>
<td>100%</td>
</tr>
<tr>
<td>Total and irrecoverable loss of sight in both eyes</td>
<td>100%</td>
</tr>
<tr>
<td>Loss by physical separation or total and permanent loss of use of both hands or both feet</td>
<td>100%</td>
</tr>
<tr>
<td>Loss by physical separation or total and permanent loss of use of one hand and one foot</td>
<td>100%</td>
</tr>
<tr>
<td>Total and irrecoverable loss of sight in one eye and loss of a Limb</td>
<td>100%</td>
</tr>
<tr>
<td>Total and irrecoverable loss of hearing in both ears and loss of speech</td>
<td>100%</td>
</tr>
<tr>
<td>Total and irrecoverable loss of hearing only - both ears</td>
<td>80%</td>
</tr>
<tr>
<td>Total and irrecoverable loss of speech only</td>
<td>80%</td>
</tr>
<tr>
<td>Loss of thumb - both phalanges</td>
<td>25%</td>
</tr>
<tr>
<td>Loss of index finger - three phalanges or two phalanges or one phalanx</td>
<td>10%</td>
</tr>
<tr>
<td>Loss of sight of one eye</td>
<td>50%</td>
</tr>
<tr>
<td>Loss of one hand</td>
<td>50%</td>
</tr>
<tr>
<td>Loss of one foot</td>
<td>50%</td>
</tr>
</tbody>
</table>

This Benefit shall be payable subject to the following:

1. In case of any disablement not listed in the table above, the Company shall pay a proportion of the Sum Insured according to the degree to which the Insured Person’s normal physical capacity, as it existed previously, has been impaired, as determined by the empanelled Medical Practitioner of the Company/EASP.

2. In the event of death of a minor Insured Person who is less than age 18 as of the commencement of the Trip, the maximum liability of the Company shall be 50% of the Sum Insured as specified in the Policy Certificate.

3. If more than one Injury of the nature specified in the table above results from any one Accident, only the amount for any one Injury, whichever is the largest, will be payable.

4. The maximum period of the cover under this Benefit shall be the actual period of such one-way local journey, but in no event exceeding 48 hours each for onward/return journey and in any case not exceeding four days in total. The Insured Person shall be required to furnish adequate proof evidencing the duration of such local journey.

5. The Sum Insured shall be payable to the Insured Person or his/her nominee or legal representative, as the case may be.

6. The disablement continues for a period of at least 180 days from the commencement of the disablement and the Company is satisfied at the expiry of the 180 days that there is no reasonable medical hope of improvement.

Specific Exclusions:

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

1. Any existing physical disablement.

2. Any damage to health caused by curative measures, radiation, infection, poisoning except insfar as the same arise from an Accident.

3. Any breach of law by the Insured Person with criminal intent or participating in an actual or attempted felony, riot, crime, misdemeanour or civil commotion.

4. Any consequential loss or damage cost or expense of whatsoever nature.

5. Any claim resulting, directly or indirectly, caused by, contributed to or aggravated or procured by childbirth, maternally or pregnancy or any complication thereto, venereal disease or infertility.

48. Life Threatening Pre-Existing Condition Cover

We will pay the Medical Expenses incurred due to any complication arising out of a Pre-Existing Disease or Condition, incurred by an Insured person in a Place of visit whilst on a Trip, which requires Emergency Care, up to the limit as specified in the Policy Schedule / Certificate of Insurance.

The treatment for these emergency measures would be paid till the Insured Person becomes medically stable, as ascertained by the empanelled Medical Practitioner of the Company / EASP. All further medical costs to maintain such medically stable state would have to be borne by the Insured Person.

49. Loss of Electronic Items

In the event of Theft of the Insured Person’s Electronic items / equipment / gadget in the Place of visit whilst on a Trip, We will pay the Market Value of such Electronic items/ equipment / gadget, up to the limit specified in the Policy Schedule / Certificate of Insurance.

For the purpose of this Benefit, “Electronic item/ equipment / gadget” shall mean camera, tablet, music player, e-readers, GPS devices, irons, smart suitcases, pocket sized washing machines, portable Wi-Fi, hotspot or power bank, travel drone, smart phone gimbals, travel vacuum, Bluetooth speaker, flash light, video recording sun glasses, hi-tech foot warmers, smart home breathalyser compact pollution monitor, germ eliminating travel wand, owned and declared by the Insured Person.

For the purpose of this Benefit, “Market Value” refers to the amount required to purchase a new item of the same kind and of similar quality as the item in relation to which a claim is made under this Benefit, less applicable depreciation @15% per annum from the date of purchase of such item, calculated as at the time of the loss. Maximum depreciation applicable under this Benefit shall not exceed 70% in any event.

This Benefit shall be payable subject to the following:

• Such Theft is required to be reported to the Police having jurisdiction at the place of loss within 24 hours of the occurrence of the incident, and a written report being obtained for the same.

• The Company is provided with the original invoice/receipt evidencing the proof of purchase and ownership of such item, or document evidencing the authorized custody of the same, if such item is provided by his/her employer/business organization.

• The Company is satisfied that the Insured Person took reasonable care to protect his/ her item and did not in any way expose it to the Theft due to negligence on his/her account, or on account of any Immediate Family Member or Travelling Companion.

Specific Exclusions:

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

• Any Theft after 5 years from the date of its original purchase from a retailer/ wholesaler/original equipment manufacturer.

• Item being left unattended by the Insured Person.

• Item packed in any Check-In Baggage

• Any Lost accessories or attachments

• Any internal or external damage caused to the item, either due to mishandling or otherwise on account of either the Insured Person or any other party involved in any Theft.

50. Loss of Laptop Cover

In the event of Theft of the Insured Person’s Laptop in the Place of visit whilst on a Trip, We will pay the Market Value of such Laptop, up to the limit as specified in the Policy Schedule / Certificate of Insurance.

For the purpose of this Benefit, “Laptop” shall mean a laptop computer, or any handheld tablet computers excluding any accessories or attachments that come as standard equipment with such devices.

For the purpose of this Benefit, “Market Value” refers to the amount required to purchase a new Laptop of the same kind and quality as the Laptop in relation to which a claim is made under this Benefit, less applicable depreciation @15% per annum from the date of purchase of such Laptop, calculated as at the time of the loss. Maximum depreciation applicable under this Benefit shall not exceed 70% in any event.

This Benefit shall be payable subject to the following:

1. Such Theft is required to be reported to the Police having jurisdiction at the place of loss within 24 hours of the occurrence of the incident, and a written report being obtained for the same.

2. The Company is provided with the original invoice/receipt evidencing the proof of purchase and ownership of such Laptop, or document evidencing the authorized custody of the same, if such Laptop is provided by his/her employer/business organization.

3. The Company is satisfied that the Insured Person took reasonable care to protect his/ her Laptop and did not in any way expose the Laptop to the Theft due to negligence on his/her account, or on account of any Immediate Family Member or Travelling Companion.

Specific Exclusions:

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

• Any Theft of Laptop after 5 years from the date of its original purchase from a retailer/ wholesaler/original equipment manufacturer.

• Laptop being left unattended by the Insured Person.

• Laptop packed in any Check-In Baggage.

• Any Lost accessories or attachments.

• Any internal or external damage caused to the Laptop, either due to mishandling of such Laptop or otherwise on account of either the Insured Person or any other party involved in any Theft.

51. Loss of Mobile

In the event of Theft of the Insured Person’s Mobile Phone in the Place of visit whilst on a Trip, We will pay the Market Value of such Mobile Phone, up to the limit as specified in the Policy Schedule / Certificate of Insurance.

For the purpose of this Benefit, “Mobile Phone” shall mean any handheld mobile phone excluding any accessories or attachments that come as standard equipment with such devices.

For the purpose of this Benefit, “Market Value” refers to the amount required to purchase a new Mobile Phone of the same kind and quality as the Mobile Phone in relation to which a claim is made under this Benefit, less applicable depreciation @15% per annum from the date of purchase of such Mobile Phone, calculated as at the time of the loss. Maximum depreciation applicable under this Benefit shall not exceed 70% in any event.

This Benefit shall be payable subject to the following:

• Such Theft is required to be reported to the Police having jurisdiction at the place of loss within 24 hours of the occurrence of the incident, and a written report being obtained for the same.

• The Company is provided with the original invoice/receipt evidencing the proof of purchase and ownership of such Mobile Phone, or document evidencing the authorized custody of the same, if such Mobile Phone is provided by his/her employer/business organization.

• The Company is satisfied that the Insured Person took reasonable care to protect his/ her Mobile Phone.
her Mobile Phone and did not in any way expose the Mobile Phone to the Theft due to negligence on her account, or on account of any Immediate Family Member or Travelling Companion.

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

• Any Theft of Mobile Phone after 5 years from the date of its original purchase from a retailer/wholesaler/manufacturer.
• Mobile Phone being left unattended by the Insured Person.
• Mobile Phone packed in any Checked-In Baggage
• Any Lost accessories or attachments
• Any internal or external damage caused to the Mobile Phone, either due to mishandling of such Mobile Phone or otherwise on account of either the Insured Person or any other party involved in any Theft

52. Loss of Personal Documents
In the event of loss of Insured Person’s Driving License (DL), PAN card, Passport, Aadhaar, Voter ID card, whilst on a Trip, in the Place of Visit, We will pay the cost incurred by the Insured Person for obtaining a duplicate or new document within 30 days upon the return to Place of Origin.

This Benefit shall be payable subject to the following:

a. Any Theft is required to be reported to the Police having jurisdiction at the place of loss within 24 hours of the occurrence of the incident, and a written report being obtained for the same.

b. As a condition precedent to the Company’s liability under this Benefit, the Insured Person shall immediately, or as soon as practicable, provide immediate notice of such loss to the applicable authority.

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

a) Any loss not reported to the police having jurisdiction at the place of loss within 48 hours of the incident or written report not obtained from police.

b) Any loss arising from any delay, detention or confiscation by customs officials, police or other public authorities.

53. Loss of Personal effects/ belongings
If an Insured Person suffers any act of Mugging whilst on a Trip in the Place of visit and any such Theft is reported to the Police having jurisdiction within 24 hours of the occurrence of such item, calculated as at the time of the loss. Maximum depreciation applicable under this Benefit shall not exceed 70% in any event.

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

1. Any loss not reported to the police having jurisdiction at the place of loss within 48 hours of the occurrence of such item, calculated as at the time of the loss. Maximum depreciation applicable under this Benefit shall not exceed 70% in any event.

54. Loss of wearable devices
In the event of theft of the Insured Person’s wearable devices in the Place of visit whilst on a Trip, We will pay the Market Value of such wearable device, up to the limit specified in the Policy Schedule / Certificate of Insurance.

For the purpose of this Benefit, “wearable device” shall mean health device, smart watch, GPS wrist phones, wearable charging cable, fitness trackers, e-alarm, owned and declared to the Company.

For the purpose of this Benefit, “Market Value” refers to the amount required to purchase a new item of the same kind and quality as the item in relation to which a claim is made under this Benefit, less applicable depreciation @15% per annum from the date of purchase of such item, calculated as at the time of the loss. Maximum depreciation applicable under this Benefit shall not exceed 70% in any event.

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

i. Loss of one hand or one foot
ii. Loss of one eye
iii. Loss of one leg
iv. Total and irrecoverable loss of one hand or one foot
v. Total and irrecoverable loss of sight in one eye or one leg
vi. Total and irrecoverable loss of hearing in both ears
vii. Total and irrecoverable loss of hearing in one ear
viii. Total and irrecoverable loss of speech
ix. Loss of four fingers and thumb of one hand
x. Loss of four fingers
xi. Loss of thumb, both phalanges
xii. Loss of thumb-one phalanx
xiii. Loss of index finger-three phalanges
xiv. Loss of index finger-two phalanges
xv. Loss of index finger-one phalanges
xvi. Loss of middle/nail/tiller finger-three phalanges
xvii. Loss of middle/nail/tiller finger-two phalanges
xviii. Loss of middle/nail/tiller finger-one phalanges

The Benefit specified above will be payable provided that:

1. The Permanent Partial Disablement is proved; and a disability certificate issued by a civil surgeon or the equivalent appointed by the District, State or Government Board is given to Us;
2. For disablement other than physical separation of limb/s, digit/s, the Permanent Partial Disablement continues for a period of at least 180 days from the commencement of the Permanent Partial Disablement and We are satisfied at the expiry of the 180 days that there is no reasonable medical hope of improvement and such disability is permanent at the end of this period.
3. If the Insured Person dies before a claim has been admitted under this Benefit, no amount will be payable under this Benefit; however, benefit under Accidental Death shall become payable in lieu of this benefit, if opted.

55. Missed Connection Benefit
In the event of an Insured Person failing to board any Common Carrier to an Intended Destination due to a delay or cancellation of a prior connecting Common Carrier, including any change of route, non-lading / docking, or offloading of passengers due to overbooking, and provided that any such delay or cancellation is not caused due to, arising out of or in consequence of any acts or omissions of the Insured Person, We will pay towards the Insured Person in the public place or public transport, hotel or apartment.

This Benefit shall be payable subject to the following:

56. Missed Connection Benefit
In the event of an Insured Person failing to board any Common Carrier to an Intended Destination due to a delay or cancellation of a prior connecting Common Carrier, including any change of route, non-lading / docking, or offloading of passengers due to overbooking, and provided that any such delay or cancellation is not caused due to, arising out of or in consequence of any acts or omissions of the Insured Person, We will pay towards the Insured Person in the public place or public transport, hotel or apartment.

This Benefit shall be payable subject to the following:

a. Any Theft is required to be reported to the Police having jurisdiction at the place of loss within 24 hours of the occurrence of the incident, and a written report being obtained for the same.

b. As a condition precedent to the Company’s liability under this Benefit, the Insured Person shall immediately, or as soon as practicable, provide immediate notice of such loss to the applicable authority.

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

57. Overbooked Flight Benefit
If the Insured Person is denied boarding of commercial scheduled Common Carrier for which he/she had confirmed travel booking, at the sole instance of the Common Carrier or travel provider due to over-booking, and no alternative mode of travel is made available within 12 hours of the scheduled departure time of such Common Carrier, We will pay the Sum insured, as specified in the Policy Schedule / Certificate of Insurance.

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

• Any internal or external damage caused to the Mobile Phone, either due to mishandling of such Mobile Phone or otherwise on account of either the Insured Person or any other party involved in any Theft.
• Loss of one hand or one foot
• Loss of one eye
• Loss of one leg
• Total and irrecoverable loss of one hand or one foot
• Total and irrecoverable loss of sight in one eye or one leg
• Total and irrecoverable loss of hearing in both ears
• Total and irrecoverable loss of hearing in one ear
• Total and irrecoverable loss of speech
• Loss of four fingers and thumb of one hand
• Loss of four fingers
• Loss of thumb, both phalanges
• Loss of thumb-one phalanx
• Loss of index finger-three phalanges
• Loss of index finger-two phalanges
• Loss of index finger-one phalanges
• Loss of middle/nail/tiller finger-three phalanges
• Loss of middle/nail/tiller finger-two phalanges
• Loss of middle/nail/tiller finger-one phalanges

The Benefit specified above will be payable provided that:

1. The Permanent Partial Disablement is proved; and a disability certificate issued by a civil surgeon or the equivalent appointed by the District, State or Government Board is given to Us;
2. For disablement other than physical separation of limb/s, digit/s, the Permanent Partial Disablement continues for a period of at least 180 days from the commencement of the Permanent Partial Disablement and We are satisfied at the expiry of the 180 days that there is no reasonable medical hope of improvement and such disability is permanent at the end of this period.
3. If the Insured Person dies before a claim has been admitted under this Benefit, no amount will be payable under this Benefit; however, benefit under Accidental Death shall become payable in lieu of this benefit, if opted.
4. If the Insured Person suffers a loss that is not of the nature of Permanent Partial Disablement specified in the table above, then a disability certificate issued by a civil surgeon or the equivalent appointed by the District, State or Government Board will determine the degree of disablement and the amount payable, if any.

Specific Exclusions:

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

1. Any existing physical disablement.
2. Any damage to health caused by curative measures, radiation, infection, poisoning except insular as the same arise from an Accident.
3. Any breach of law by the Insured Person with criminal intent or participating in an actual or attempted felony, riot, crime, misdeemeanour or civil commotion.
4. 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 Fare Paying passenger in a multi-engine, commercial aircraft.
5. Any consequential loss or damage cost or expense of whatsoever nature.
6. Any claim resulting, directly or indirectly, caused by, contributed to or aggravated or prolonged by childbirth, maternity or pregnancy or any complication therewith, venereal disease or infirmity.

60. Travel Permanent Partial Disablement (PPD)

If an Insured Person suffers an Injury due to an Accident whilst on a Trip, and that Injury solely and directly results in Permanent Partial Disablement of the Insured Person which is of the nature specified in the table below, within 365 days from the date of the Accident, the Company shall pay the percentage of the Sum Insured as is specified in such table of benefits.

<table>
<thead>
<tr>
<th>Nature of Permanent Partial Disablement</th>
<th>Percentage of the Sum Insured payable unless specified otherwise</th>
</tr>
</thead>
<tbody>
<tr>
<td>i. Total and irrecoverable loss of sight in one eye</td>
<td>50%</td>
</tr>
<tr>
<td>ii. Loss of one hand or one foot</td>
<td>50%</td>
</tr>
<tr>
<td>iii. Loss of all toes - any one foot</td>
<td>10%</td>
</tr>
<tr>
<td>iv. Loss of toe great - any one foot</td>
<td>5%</td>
</tr>
<tr>
<td>v. Loss of toes other than great, if more than one toe lost</td>
<td>2%</td>
</tr>
<tr>
<td>vi. Total and irrecoverable loss of hearing in both ears</td>
<td>50%</td>
</tr>
<tr>
<td>vii. Total and irrecoverable loss of hearing in one ear</td>
<td>15%</td>
</tr>
<tr>
<td>viii. Total and irrecoverable loss of speech</td>
<td>50%</td>
</tr>
<tr>
<td>ix. Loss of four fingers and thumb of one hand</td>
<td>40%</td>
</tr>
<tr>
<td>x. Loss of four fingers</td>
<td>35%</td>
</tr>
<tr>
<td>xi. Loss of thumb-both phalanges</td>
<td>25%</td>
</tr>
<tr>
<td>xii. Loss of thumb-one phalanx</td>
<td>10%</td>
</tr>
<tr>
<td>xiii. Loss of index finder-three phalanges</td>
<td>10%</td>
</tr>
<tr>
<td>xiv. Loss of index finder-two phalanges</td>
<td>8%</td>
</tr>
<tr>
<td>xv. Loss of index finder-one phalanx</td>
<td>4%</td>
</tr>
<tr>
<td>xvi. Loss of middle/fingertip finger-three phalanges</td>
<td>5%</td>
</tr>
<tr>
<td>xvii. Loss of middle/fingertip finger-two phalanges</td>
<td>4%</td>
</tr>
<tr>
<td>xviii. Loss of middle/fingertipfinger-one phalanx</td>
<td>2%</td>
</tr>
</tbody>
</table>

The Benefit specified above will be payable provided that:

i. The Permanent Partial Disablement is proved; and a disability certificate issued by a civil surgeon or the equivalent appointed by the District, State or Government Board is given to Us;

ii. For disablement other than physical separation of limbs, digits, the Permanent Partial Disablement is proved for a period of at least 180 days from the commencement of the Permanent Partial Disablement and We are satisfied at the expiry of the 180 days that there is no reasonable medical hope of improvement and such disablement is permanent at the end of this period;

iii. If the Insured Person dies before a claim has been admitted under this Benefit, no amount shall be payable under this Benefit; however, benefit under Accidental Death shall become payable in lieu of this benefit, if opted.

iv. If the Insured Person suffers a loss that is not of the nature of Permanent Partial Disablement specified in the table above, then a disability certificate issued by a civil surgeon or the equivalent appointed by the District, State or Government Board will determine the degree of disablement and the amount payable, if any.

Specific Exclusions:

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

1. Any existing physical disablement.
2. Any damage to health caused by curative measures, radiation, infection, poisoning except insular as the same arise from an Accident.
3. Any breach of law by the Insured Person with criminal intent or participating in an actual or attempted felony, riot, crime, misdeemeanour or civil commotion.
4. 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 Fare Paying passenger in a multi-engine, commercial aircraft.
5. Any consequential loss or damage cost or expense of whatsoever nature.
6. Any claim resulting, directly or indirectly, caused by, contributed to or aggravated or prolonged by childbirth, maternity or pregnancy or any complication therewith, venereal disease or infirmity.

61. Travel Permanent Total Disablement - Common Carrier Coverage

If an Insured Person suffers an Injury due to an Accident whilst on a Trip while the Insured Person is travelling as an authorised passenger on a Common Carrier, and that Injury solely and directly results in the Permanent Total Disablement of the Insured Person which is of the nature specified in the table below, within 365 days from the date of the Accident, We will pay the Sum Insured, as specified in the Policy Schedule / Certificate of Insurance.

<table>
<thead>
<tr>
<th>Nature of Permanent Total Disablement</th>
<th>Percentage of the Sum Insured payable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total and irrecoverable loss of sight in both eyes</td>
<td>100</td>
</tr>
<tr>
<td>Loss by physical separation or total and permanent loss of use of both hands or both feet</td>
<td>100</td>
</tr>
<tr>
<td>Loss by physical separation or total and permanent loss of use of one hand and one foot</td>
<td>100</td>
</tr>
<tr>
<td>Total and irrecoverable loss of hearing in both ears and loss of one Limb/loss of sight in one eye</td>
<td>100</td>
</tr>
<tr>
<td>Total and irrecoverable loss of hearing in both ears and loss of speech</td>
<td>100</td>
</tr>
<tr>
<td>Total and irrecoverable loss of speech and loss of one Limb/loss of sight in one eye</td>
<td>100</td>
</tr>
</tbody>
</table>

For the purpose of this Benefit:

1. Limb means a hand or at above the wrist or a foot above the ankle;
2. Physical separation of one hand or foot means separation at or above wrist and/or at or above ankle, respectively.

The Benefit as specified above will be payable provided that:

a. The Permanent Total Disablement is proved; and a disability certificate issued by a civil surgeon or the equivalent appointed by the District, State or Government Board is given to us;

b. For disablement other than physical separation of limbs, digits, the Permanent Total Disablement continues for a period of at least 180 days from the commencement of the Permanent Total Disablement. We are satisfied at the expiry of the 180 days that there is no reasonable medical hope of improvement and such disablement is permanent at the end of this period;

c. If the Insured Person dies before a claim has been admitted under this Benefit, then no amount will be payable under this Benefit; however, benefit under Accidental Death shall become payable in lieu of this benefit, if opted.

d. Once a claim has been accepted and paid under this Benefit then the Insured Person’s insurance cover under this section will lapse.

62. Travel Permanent Total Disablement (PTD)

If an Insured Person suffers an Injury due to an Accident whilst on a Trip and that Injury solely and directly results in the Permanent Total Disablement of the Insured Person which is of the nature specified in the table below, within 365 days from the date of the Accident, We will pay the Sum Insured, as specified in the Policy Schedule / Certificate of Insurance.

<table>
<thead>
<tr>
<th>Nature of Permanent Total Disablement</th>
<th>Percentage of the Sum Insured payable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total and irrecoverable loss of sight in both eyes</td>
<td>100</td>
</tr>
<tr>
<td>Loss by physical separation or total and permanent loss of use of both hands or both feet</td>
<td>100</td>
</tr>
<tr>
<td>Loss by physical separation or total and permanent loss of use of one hand and one foot</td>
<td>100</td>
</tr>
<tr>
<td>Total and irrecoverable loss of sight in one eye and loss of one Limb/loss of sight in one eye</td>
<td>100</td>
</tr>
<tr>
<td>Total and irrecoverable loss of hearing in both ears and loss of one Limb/loss of sight in one eye</td>
<td>100</td>
</tr>
<tr>
<td>Total and irrecoverable loss of hearing in both ears and loss of speech</td>
<td>100</td>
</tr>
<tr>
<td>Total and irrecoverable loss of speech and loss of one Limb/loss of sight in one eye</td>
<td>100</td>
</tr>
</tbody>
</table>

For the purpose of this Benefit:

1. Limb means a hand or at above the wrist or a foot above the ankle;
2. Physical separation of one hand or foot means separation at or above wrist and/or at or above ankle, respectively.

The Benefit as specified above will be payable provided that:

a. The Permanent Total Disablement is proved; and a disability certificate issued by a civil surgeon or the equivalent appointed by the District, State or Government Board is given to Us;

b. For disablement other than physical separation of limbs, digits, the Permanent Total Disablement continues for a period of at least 180 days from the commencement of the Permanent Total Disablement. We are satisfied at the expiry of the 180 days that there is no reasonable medical hope of improvement and such disablement is permanent at the end of this period;

c. If the Insured Person dies before a claim has been admitted under this Benefit, then no amount will be payable under this Benefit; however, benefit under Accidental Death shall become payable in lieu of this benefit, if opted.

d. Once a claim has been accepted and paid under this Benefit then the Insured Person’s insurance cover under this section will lapse.

63. Travel Pre-existing Condition Cover for Emergency Care

On the occurrence of any illness contracted or Injury sustained by an Insured Person due to an illness or Injury due to accident, whilst on a Trip, which requires Emergency Care in the Place of Visit, we will pay the Medical Expenses incurred up to the limit, as specified in the Policy Schedule / Certificate of Insurance, provided that:

• Such Emergency Care is related, directly or indirectly, to any Pre-Existing Disease or Condition, or any complications thereof.
• Such Emergency Care cannot be postponed till the Insured Person’s return to Place of Origin.

Specific Exclusions:

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

a) Any Pre-Existing Disease or condition for which the Insured Person has taken any medical treatment prior to the Coverage Commencement Date.

b) Any complication arising out of any Surgery, treatment for any Injury or any similar treatment taken prior to the Coverage Commencement Date.

c) Expenses incurred in relation to any Illness or Injury which was diagnosed during the Trip, or for which any Medical Practitioner has recommended due treatment / Surgery prior to the Trip.

d) Expenses incurred in relation to the removal or upgradation of any prosthetics/implants already placed/inside/outside of the Insured Person’s body.

e) Dental problem of any kind.

f) Stone removal from any site.

g) Hernia, Piles, Cataract, Hydrocele, Fistula in Anus, Tonsillitis

h) Expenses incurred in relation to any treatment initiated in the Place of visit which is to be continued on the Insured Person’s return to Place of Origin.

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

1. Valuables, Money, any kind of securities and tickets/passes or any other item not declared and/or not agreed to by the Company.

2. Loss of any Checked-in Baggage unless a Property Irregularity Report or other report usually issued by the Common Carrier in the event of loss of Checked-in Baggage has been procured and submitted to the Company.

3. Any partial loss of the items contained within the Checked-in Baggage.

4. Losses arising from any delay, detention, confiscation by the customs officials or any other public authorities.

5. Any Checked-in Baggage loss while the Insured Person is in Place of Origin.

69. Total Loss of Checked-in Baggage Benefit

In the event of total and complete loss of Checked-in Baggage whilst on a Trip and whilst it is in the custody of the Common Carrier, We will pay the Sum Insured towards the lost baggage.

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

This Benefit shall be payable subject to the following:

1. In the event of such a total and complete loss of Checked-in Baggage whilst in the custody of the Common Carrier, a Property Irregularity Report (PIR) must be obtained by the Company immediately upon discovery of the loss which must be submitted along with the claim.

2. In case more than one bag has been checked-in, the Sum Insured will be paid proportionately, irrespective of the value of the baggage lost. In case of any one bag being checked-in, the Sum Insured will be paid in full.

3. The Company has been provided with all the documents, reports and other details from the Common Carrier confirming the loss of Checked-in Baggage in its custody.

4. In case of any one bag being checked-in, the Sum Insured will be paid in full.

5. Any checked-in baggage loss while the insured person is in the Place of Origin.

70. Trip Cancellation and Interruption Cover

In the event of a Trip Cancellation or Interruption, We will pay the Insured Person, up to the limit, as specified in the Policy Schedule / Certificate of Insurance, for any of the following expenses:

a) Expenses incurred towards any travel bookings for travel in a Common Carrier, accommodation bookings, any sightseeing bookings, events and Cruise bookings made in advance by the Insured Person in the Place of visit, which are not recoverable from any other source.

b) Any reasonable and necessary expenses incurred by the Insured Person for any alternate travel booking and accommodation expenses for:

1. Returning to Place of Origin within 3 days of the Trip Cancellation/ Interruption, or

2. Continuing the Trip within 3 days after the events causing the Trip Cancellation/ Interruption cease to be operative.

For the purpose of this Benefit, “Trip Cancellation/ Interruption” means any cancellation or delay of the Insured Person’s journey on a Common Carrier due to any of the following reasons:

1. The Insured Person’s place of residence, or place of business or intended accommodation in the Place of visit being rendered unusable due to fire, Catastrophe or an act of vandalism or vandalism.

2. Inclement Weather in the Place of Origin and/or at Intended Destination.

3. The Insured Person and/or his Immediate Family Member falling victim to a Febrile, Rickettsial or other disease or Infection.

4. If an Insured Person and/or his Immediate Family Member suffers an Illness or Injury, not more than 3 days prior to the commencement of the trip and that Illness or Injury solely and directly results in death of the Insured Person, or if the Insured Person is declared as ‘Not fit to Travel’ by a Medical Practitioner.

5. Any Strike, civil unrest or Catastrophe in the Place of Origin or Intended Destination of the Insured Person where

a) the respective government authority issues a travel advisory or imposes curfew.

b) The Port of travel is shut down forcing the Common Carrier to be cancelled or delayed by more than 24 Hours

6. Any terrorist attack in the Place of Origin or Intended Destination of the Insured Person within 3 days of the commencement of the Trip due to which the Insured Person’s free movement is impaired.

This Benefit shall be payable subject to the following:

1. Only the portion of the travel bookings which is cancelled, is non-refundable and which is not recoverable from any source shall be reimbursable under this Benefit.

2. Any reimbursement payable for expenses incurred on travel bookings, shall not exceed the cost of an economy tier airfare by the most direct route per booking.

3. Any reimbursement payable for expenses incurred on accommodation, shall be reduced by any refunds paid or payable.

4. Only the portion of the travel bookings which is cancelled, is non-refundable and which is not recoverable from any source shall be reimbursable under this Benefit.
the event of any occurrence likely to cause the Trip Cancellation/Interruption, the Insured Person must notify the same to the Company as soon as practicable, with complete details of the occurrence, as are available, Policy number, Member ID/ Policy Certificate no, and date of issuance.

5. The Company shall not be liable under this Benefit for the extent of loss or expenses caused or attributable to the failure of the Insured Person to take appropriate action to avoid or minimize any potential claim under policy.

6. In any event, the sum insured’s total, maximum and aggregate liability under this Benefit shall be restricted to the Sum Insured as specified in the Policy Certificate or the sum of total non-refundable expenses incurred by the Insured Person, whichever is less.

7. In case of any one or two Insured Persons’ journey is cancelled or delayed, the Company shall not be liable for expenses incurred on accommodation bookings, unless exclusive booking was made for each Insured Person. No partial charges of expenses incurred on accommodation bookings will be payable.

8. If the situation in the Place of Origin and/or at the Intended Destination becomes normal again within a period of 15 days from the date of cancellation or interruption of the Trip, the Company shall not be liable for any claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

a) Any event which happened or advised for which was notified by the relevant government authorities prior to the time of booking the Trip.

b) Any Trip Cancellation/Interruption due to any event which was foreseeable at the time of booking the Trip.

c) Any Trip Cancellation/Interruption due to any event which the Insured Person could have reasonably avoided or planned for in advance.

d) Any Trip Cancellation/Interruption at the travel provider or Port operator’s instance due to any reasons or perils not covered under the Trip Cancellation/Interruption definition.

9. Any voluntary change in travel plans by the Insured Person.

10. Any business or contractual obligations of the Insured Person and/or any Immediate Family Member except for termination or lay off of employment as defined above provided insured is not the Own, owner, Majority Shareholder and Director of the said company.

11. Termination of employment due to any unlawful act of the insured.

12. Default / insolvency by and of the person, agency or tour operator from whom the insured had bought his Travel arrangements.

Any event which happened or advised for which was notified by the relevant government authorities prior to the time of booking the Trip.

13. Any Trip Cancellation/Interruption due to any event which was foreseeable at the time of booking the Trip.

14. Any governmental regulations or prohibition imposed by any Administrative Authority at the time or before booking of Insured Person’s travel arrangement.

15. Booking of the trip undertaken ignoring the adverse situation as published by the Mass Media, Union Government, State Government and/or any Administrative Authority for travel to particular place or part of the country which may give rise to a claim.

Trip Cancellation and Interruption Benefit

In the event of a Trip Cancellation/Interruption, We will pay the Sum Insured, as specified in the Policy Schedule/Certificate of Insurance, in case of any one or two Insured Persons’ journey is cancelled or delayed, the Company shall not be liable for expenses incurred on accommodation bookings, unless exclusive booking was made for each Insured Person. No partial charges of expenses incurred on accommodation bookings will be payable.

Specific Exclusions:

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

a) Any event which happened or advised for which was notified by the relevant government authorities prior to the time of booking the Trip.

b) Any Trip Cancellation/Interruption due to any event which was foreseeable at the time of booking the Trip.

c) Any Trip Cancellation/Interruption due to any event which the Insured Person could have reasonably avoided or planned for in advance.

d) Any Trip Cancellation/Interruption at the travel provider or Port operator’s instance due to any reasons or perils not covered under the Trip Cancellation/Interruption definition.

Travel Loan Secure (applicable only to loan/credit linked policies)

If the Insured Person has procured a Loan Amount from any Financial Institution for the purpose of this Policy, the sum is defined as the Loan Amount specified in the Policy Schedule/Certificate of Insurance. We will pay the Outstanding Loan Amount specified in the Policy Schedule/Certificate of Insurance, upon Accidental Death or Permanent Total Disablement of the Insured Person.

For the purpose of this Benefit, “Financial Institution” shall have the meaning assigned to the term under Section 45-I of the Reserve Bank of India Act, 1934, and shall include a Non-Banking Financial Company as defined under Section 45-I of the Reserve Bank of India Act, 1934.

For the purpose of this Benefit, “Loan Amount” means the sum of money lent at interest or otherwise to the Insured Person by any Financial Institution, which is identified by the Loan Account Number referred to in the Policy Certificate.

For the purpose of this Benefit, “Outstanding Loan Amount” means the principal amount of the Loan Amount which is outstanding as on the date of occurrence or event which gives rise to a claim under the Policy, less the component of such principal amount which was already recoverable at the date of such occurrence or event and not paid by the Insured Person, and less any other amount falling due as a penalty or by way of a default in repayment.

Specific Exclusions:

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

a) Any component of the amounts that is overdue and unpaid to the Financial Institution prior to such occurrence or event.

b) Any additional amounts imposed by a Financial Institution, or otherwise falling due as a penalty or by way of a default in repayment will not be considered for the purpose of this Policy and shall be payable by the Insured Person.

c) Any Loan Amount due to any individual or entity which is not a Financial Institution.

Trip Curtailment Cover

In the event of any unavoidable curtailment of the Insured Person’s booked and confirmed Trip, We will pay towards the loss of any bookings made in advance towards travel, accommodation, sightseeing, and Cruise, which is either paid by the Insured Person or his/her Immediate Family Member, towards temporary accommodation and emergency purchases of toiletries, medication and clothing, up to the limit specified in the Policy Schedule/Certificate of Insurance, due to one of the circumstances specified below:

a) Any unforeseen death, disablement (whether of a permanent or temporary nature), Injury due to an Accident, Illness or Hospitalization of the Insured Person or his/her Immediate Family Member, leading to Emergency Hospitalisation for minimum period of 48 hours, whilst the Insured Person is on a Trip;

b) The hijack of a Common Carrier in which the Insured Person is Traveling whilst on a Trip, for more than 12 hours.

Trip Curtailment Benefit

In the event of any unavoidable curtailment of the Insured Person’s booked and confirmed Trip, We will pay the Sum Insured towards the loss of any bookings made in advance towards travel, accommodation, sightseeing, and Cruise, which is either paid by the Insured Person or his/her Immediate Family Member, towards temporary accommodation and emergency purchases of toiletries, medication and clothing, up to the limit specified in the Policy Schedule/Certificate of Insurance. The benefit is payable, if such delay is caused due to any of the following reasons:

1. Inclement Weather

2. Air traffic congestion.

3. Any Strike, riots, industrial action at the Port or relating to the Common Carrier

4. Accidental or mechanical failure, or any technical problem in the Common Carrier

This Benefit shall be payable subject to the following:

1. The Insured Person shall submit to the Company sufficient proof to substantiate the
reason for such delay of the Common Carrier, unless this proof is available to the Company directly from a reliable source in the public domain.

2. Delayed arrival of the Insured Person or Travelling Companion

3. If the Common Carrier is taken out of service on the instruction of the Civil Aviation Authority, or any other governmental authority.

76. Trip Delay Benefit

In the event of any delay of the Common Carrier, whilst on a Trip, at any Port specified in the Policy Schedule / Certificate of Insurance, encountered by the Insured Person during the Period of Insurance, irrespective of whether the Policy is Single Trip or Multi Trip Policy.

4. A Delayed number of the hours and an amount specified in the Policy Schedule / Certificate of Insurance shall be separately applicable for each and every claim made under this Benefit.

Specific Exclusions:

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

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

77. Trip Delay Cash

In the event of any delay of the Common Carrier, whilst on a Trip, at any Port specified in the Insured Person’s main travel booking, We will pay the Sum Insured, as specified in the Policy Schedule / Certificate of Insurance, towards temporary accommodation and emergency purchases of toiletries, medication and clothing. The benefit is payable, if such delay is caused due to any of the following reasons:

1. Inclement Weather
2. Air traffic congestion
3. Any Strike, riots, industrial action at the Port or relating to the Common Carrier
4. Accidental or mechanical failure, or any technical problem in the Common Carrier

This Benefit shall be payable subject to the following:

1. The Insured Person shall submit to the Company sufficient proof to substantiate the reason for such delay of the Common Carrier, unless this proof is available to the Company directly from a reliable source in the public domain;
2. The delay of the Common Carrier is in excess of 3 hours or the number of hours specified in the Policy Schedule / Certificate of Insurance from the scheduled time of the Common Carrier at the Port.
3. The Company shall be liable under this Benefit for only one / multiple delay/s, as specified in the Policy Schedule / Certificate of Insurance, encountered by the Insured Person during the Period of Insurance, irrespective of whether the Policy is Single Trip or Multi Trip Policy.
4. The benefit is payable after the number of hours specified as eligibility in the Policy Schedule / Certificate of Insurance.

Specific Exclusions:

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

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

79. Golf Hole in One

In the event of an Insured Person being declared winner for a “hole-in-one” at any nationally recognized 18-hole golf course in a Place of visit whilst on a Trip, We will pay the expenses incurred in celebration of achieving the “hole-in-one” by the Insured Person, up to the limit, as specified in the Policy Schedule / Certificate of Insurance, encountered by the Insured Person during the Period of Insurance.

For the purpose of this Benefit, “Golf Equipment” means any golf clubs or golf bags, including any accessories or attachments.

This Benefit shall be payable subject to the following:

a. Any loss due to Theft or damage to the Insured Person’s Golf Equipment by a Common Carrier shall be reported to the Common Carrier or travel provider immediately on the occurrence of the incident.

b. Any Theft is required to be reported to the Police having jurisdiction at the place of loss within 24 hours of the occurrence of the incident, and a written report being obtained for the same.

c. The Insured Person must keep the damaged Golf Equipment for the Company’s inspection (or its authorized representative) at any time after the loss is reported.

d. The Insured Person shall be required to surrender the said damaged Golf Equipment to the Company on demand by them at the time of filing claim under this Benefit, or an appropriate salvage value shall be deducted from the claim amount payable, at the Company’s discretion.

e. If the claim involves a part of such Golf Equipment, the Company’s liability shall be limited to the value of that part which has been damaged or lost during the Trip.

f. Receipts for items lost, stolen or damaged or proof of ownership should be preserved properly by the Insured Person so as to substantiate his/her claim.

g. The Insured Person shall preserve all his/her recovery rights against any third party involved, and shall subrogate the same to the Company at the time of settlement of claim.

Specific Conditions applicable to Medical Expenses Cover & Emergency Medical Evacuation Cover (under Travel):

1. The common carrier is one that is certified and approved by the IRDAI, with a minimum safety rating of 3.5.
2. The common carrier provides adequate protection against any loss or damage to the Golf Equipment which is 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 is obtained.
3. Loss or damage caused by delay, wear and tear, moths, vermin, weather and atmospheric conditions or mechanical failure.
4. Loss or damage to Golf Equipment left unattended at any place.
5. Any claim or damage to the Golf Equipment due to confiscation or detention by any authority other than the airline.
6. Any amount of loss which is refundable from any other source whatsoever it may be.

80. Dental Care

We will pay the Reasonable and Customary Charges incurred towards fees of a Dentist and Associated Medical Expenses for carrying out the following routine procedures in relation to Dental Treatment or an Insured Person. The benefit will be payable up to the limits as specified in the Policy Schedule / Certificate Of Insurance.

a. class 1 (Investigative and Preventative Treatment)

- Clinical oral examinations
- Palliative Treatment for dental pain
- Minor procedures (non-anaesthetic treatment)
● Tooth cleaning (Tooth / Teeth / Scaling)

● Compound fillings

● Non-surgical extractions

We will not be liable to make any payment in respect of Orthodontic Treatment, restorative Treatment and dental implants.

b) Class 2 (Basic Restorative, Periodontal Treatment)

Procedures covered:

- Amalgam filling
- Composite/Resin filling
- Root canal Treatment
- Osseous Surgery
- Periodontal scaling and root planning
- Adjustments
- Recement bridge
- Routine extractions
- Surgical removal of impacted tooth
- Local or general Anaesthesia including sedation

We will not be liable to make any payment in respect of Orthodontic Treatment, routine check-up and dental implants.

c) Class 3 (Major Restorative and Orthodontic Treatment)

Procedures covered:

- Removal of impacted or buried teeth
- Removal of roots
- Removal of solid odontomes
- Apicectomy
- New or repair of bridge work
- New or repair of crowns
- Root canal Treatment
- New or repair of upper or lower dentures
- Removal of wisdom teeth

For the purpose of this Section, “Orthodontic Treatment” includes Orthodontic work-up including X-rays, diagnostic casts and Treatment plan and the first month of active Treatment including all active Treatment and retention appliances.

We will not be liable to make any payment in respect of dental implants.

We will not be liable to make any payment in respect of the following Treatments under this Benefit:

1. Replacing any dental appliance which is lost or stolen.
2. Replacing a bridge, crown or denture which is or can be made useable according to a standard acceptable to a Dental or ordination competence and skill.
3. Replacing a bridge, crown or denture within five years of original fitting unless:
   a. the replacement is needed because of the placement of an original opposing full denture or extraction of natural teeth is needed; or
   b. the bridge, crown or denture, while in the mouth, has been damaged beyond repair because of an Injury the Employee/ Member or their Dependant receives while being covered under the Policy.
4. Porcelain or acrylic veneers on the upper and lower first, second and third molars and premolars.
5. Crowns or pontics on or replacing the upper and lower first, second and third molars unless they are constructed of either porcelain bonded-to-metal or metal alone, e.g. gold alloy crown; or a temporary crown or pontic is required as part of routine or Emergency Dental Treatment.
6. Surgical implants of any type including any attaching prosthetic device.
7. Procedures and materials which are experimental or which do not meet accepted dental standards.
8. Instruction for plaque control, oral hygiene and diet.
9. Procedures, services and supplies which are deemed by Us to be medical procedures, services and supplies including mouthwashes and also including services and supplies provided in a Hospital (except where Dental Treatment is neither wholly nor partly the reason for the stay in Hospital).
10. Bite registration, precision or semi-precision attachments.
11. Procedures, appliances or restorations (except full dentures) whose main purpose is to:
   a. Change vertical dimensions; or
   b. Diagnose or treat conditions or dysfunction of the temporo-mandibular joint; or
   c. Stabilise periodontally involved teeth; or
   d. Restore occlusion; or
   e. Major Treatment on deciduous or baby teeth for Dependent Children.

2. Vision Wellness

We will pay the Reasonable and Customary Charges incurred towards vision tests and Medical Expenses listed below, in respect of the Insured Person. The benefit will be payable up to limits as specified under the Policy Schedule / Certificate of Insurance.

Expenses covered:

i. A single examination of the eyes by an optometrist or ophthalmologist per Policy Year
ii. Expenses for lens, eyeglass frames, prescription sunglasses to correct vision.

This Benefit will exclude:

- sunglasses, unless medically prescribed by a Medical Practitioner;
- Medical Treatment or Surgical Treatment of the eye/s;
- Lenses which are not a medical necessity and are not prescribed by an optometrist or ophthalmologist or frames for such lenses.

3. Alternative Care

We will pay the Reasonable and Customary Charges towards Outpatient consultation and Treatment for alternative line of medicine. The cover will be available up to the limit specified in the Policy Schedule / Certificate of Insurance.

Alternative Treatments (as opted and specified in Policy Schedule / Certificate Of Insurance):

i. Physiotherapy.
ii. Acupuncture and Acupressure
iii. Chiroprody and Chiropractic

iv. Osteopathy
v. Homeopathy
vi. Ayurveda.

3. Impairment Life Care

If the Insured Person is diagnosed with Cancer, HIV/AIDS, Chronic Kidney failure, Tuberculosis, Disability or suffers Stroke, Paralytic attack, Menopause, post partum psychosis. We will pay the Reasonable and Customary charges towards psychological counselling of the Insured Person with a specialist, on an Out-patient basis, at a Hospital or a recognised unit.

Out-patient Care

We will pay the Reasonable and Customary Charges incurred following care taken by the Insured Person on an Out-patient basis up to the limit specified in the Policy Schedule / Certificate Of Insurance.

Out-patient Care

i. Consultations with Medical Practitioners and Specialists;
ii. Prescribed medicines, drugs and dressings; expenses towards over the counter (OTC) medicines shall be payable if opted and specified under the Policy Schedule / Certificate of Insurance;
iii. Diagnostic tests such as laboratory tests, radiology and pathology, MRI, CAT scan, PET scan.

Expert Medical Second opinion

We will provide the Insured person the choice to avail a medical second opinion for an Insured person who is diagnosed with a Critical Illness. Terminal Illness or suffers Permanent Total Disablement, Permanent Partial Disablement, Temporary Total Disablement, Life-threatening and life altering diagnosis during the policy year.

The benefit will be payable up to the limits as specified in the Policy Schedule/Certificate of Insurance.

Mental Care

If the Insured Person is diagnosed with a Mental illness, Stress, Anxiety, Depression or a medical condition impacting mental health. We will pay the Reasonable and Customary Charges for expenses incurred towards Medically Necessary out-patient treatment/ program, including Specialist consultations that are prescribed by a Medical Practitioner, where the intention of the treatment/program is to offer care to the Insured Person towards mental illness.

Health Coaching

We will pay the Reasonable and Customary charges for expenses incurred towards specialist consultations for Diet and Nutrition management, Physcal and Mental health management.

The benefit will be payable up to the limits as specified in the Policy Schedule/Certificate of Insurance.

Fitness Program and Tracking

We will track the fitness program and/ or activities of the Insured Person through fitness tracking devices and/ or applications.

Fitness Rewards may be rewarded on completion of each level (as specified under the Policy Schedule/ Certificate of Insurance).

Each earned reward point will be valued at 1 Rupee. Accumulated reward points can be redeemed in the following ways –

A discount in premium from 1st Renewal of the Policy.
- Equivalent value of ODP, if opted for, anytime during the policy.
- Equivalent value of non-payables, co-pay, deductible limit, if opted for, anytime during the policy.
- Purchasing fitness devices/ gadgets.

Fitness Care –

If the Insured Person enrolls into any of the fitness activities mentioned below, We will pay the membership fees, program fees, enrolment fees, registration fees, trainer fees, fitness instrument and gadgets & associated costs, with respect to the Insured person.

Fitness activities:

- Yoga
- Zumba
- Dance
- Aerobics
- Fitness group (Cycling group, Running group)
- Fitness club eg. Swimming club, Tennis club, Badminton club etc.
- Meditation
- Spiritual therapy

The benefit is payable provided the Insured Person enrols in a recognised centre, registered with appropriate authority and the activity is not done in professional capacity.

The cover will be available up to the limits as specified in the Policy Schedule / Certificate of Insurance.

Discount on network

The Insured person will be eligible for discount on below mentioned items purchased or services availed through our Network Provider.

List of items/services:

- Pharmacy
- Vitamins and Supplements
- Gym and gym equipment
- Yoga registration
- Zumba, Dance/Aerobics registration
- Fitness group registration
- Fitness club registration
- Diagnostic tests
- Consultations with Medical Practitioners or Specialists
- Fitness devices and equipments

The benefit will be available up to the limits as specified in the Policy Schedule / Certificate of Insurance.

Our liability will be limited up to the discounts on maximum retail price of the product / service.

Weight and Disease Management

We will pay the Reasonable and Customary Charges for expenses incurred towards Medically Necessary treatment/ program, including Specialist consultation, that are
prescribed by Medical Practitioners with an intention to manage weight or any specific illness of the Insured Person.

13. Child Immunizations
We will pay the Reasonable and Customary Charges incurred for the vaccinations, inoculations and administration, which is prescribed by Medical Practitioner and approved by World Health Organisation (WHO) from time to time, in respect of a Dependent Child or Dependent Child of Age as specified otherwise in the Policy Schedule/ Certificate of Insurance.

14. Tuberculosis and Lead testing
We will pay the Reasonable and Customary Charges incurred towards diagnostic services with respect to tuberculosis and lead testing of the Insured Person.

15. Wellness tests for children
We will pay the Reasonable and Customary Charges for tests towards a Dependent Child of Age as specified otherwise in the Policy Schedule/ Certificate of Insurance, for any tests incurred for the purpose of preventive care undertaken, consisting of the following services delivered or supervised by a Medical Practitioner:
- Evaluating medical history;
- Physical examination;
- Development assessment; and
- Anticipatory guidance;

The benefit will be available up to the limits as specified in the Policy Schedule / Certificate of Insurance.

16. Stress Management
We will pay the Reasonable and Customary Charges for expenses incurred towards Medically Necessary treatment program, including Specialist consultations, which is prescribed by a Medical Practitioner with an intention to manage stress of the Insured Person.

The benefit will be available up to the limits as specified in the Policy Schedule / Certificate of Insurance.

17. Adult Vaccinations
We will pay the Reasonable and Customary Charges incurred towards the vaccinations and immunizations, which is prescribed by Medical Practitioner and approved by World Health Organisation (WHO) from time to time and that are clinically appropriate in respect of an Insured Person of Age 18 years and above.

The benefit will be available up to the limits as specified in the Policy Schedule / Certificate of Insurance.

18. Routine Physical Examinations
We will pay the Reasonable and Customary Charges in respect of an Insured Person for routine check-ups/tests for blood and cholesterol, height/weight body mass index, resting blood pressure, urinalysis, chest x-ray, cardiac examination, exercise electrocardiogram (ECG), other vital organ function tests and chest x-ray.

The benefit will be available up to the limits as specified in the Policy Schedule / Certificate of Insurance.

19. Smoke, Tobacco, Drugs, Alcohol Management
We will pay the Reasonable and Customary Charges for expenses incurred towards Medically Necessary treatment program, including Specialist consultations which is prescribed by a Medical Practitioner with an intention to manage Smoking, Tobacco, Drugs, Alcohol addiction of the Insured Person.

The benefit will be available up to the limits as specified in the Policy Schedule / Certificate of Insurance.

20. Pap Smear
We will pay the Reasonable and Customary Charges incurred towards an annual pap smear screening, commonly known as a pap smear, for female Insured Persons of Age 30 years and above (unless specified otherwise).

The benefit will be available up to the limits as specified in the Policy Schedule / Certificate of Insurance.

21. PSA Test
We will pay the Reasonable and Customary Charges incurred towards annual prostate specific antigen (PSA) test for male Insured Persons of Age 45 years and above (unless specified otherwise).

The benefit will be available up to the limits as specified in the Policy Schedule / Certificate of Insurance.

22. Gynaecological Examinations/ Tests
We will pay the Reasonable and Customary Charges incurred towards annual (gynaecological examinations/ tests for female Insured Persons of Age 30 years and above (unless specified otherwise).

The benefit will be available up to the limits as specified in the Policy Schedule / Certificate of Insurance.

23. Mammograms for Breast Cancer Screening for Diagnostic Purposes
We will pay the Reasonable and Customary Charges incurred towards mammograms for breast cancer screening or diagnostic purposes in respect of female Insured Persons not exceeding:

a. one baseline mammogram for asymptomatic female Insured Persons between 35 to 39 years of Age;

b. a mammogram for asymptomatic female Insured Persons between 40 to 49 years of Age, every two years;

c. a mammogram every year for female Insured Persons of Age 50 years and above.

The benefit will be available up to the limits as specified in the Policy Schedule / Certificate of Insurance.

24. Colorectal Screening/ Colonoscopy or/and Rectal Screening
We will pay the Reasonable and Customary Charges in respect of an Insured Person for annual colo-rectal screening and/or digital rectal screening.

The benefit will be available up to the limits as specified in the Policy Schedule / Certificate of Insurance.

25. Comprehensive Wellness cover
We will pay the Reasonable and Customary Charges in respect of an Insured Person for preventive consultations/ investigations/ treatments / immunizations / preventive medical care, which is not related to any prevailing physical or mental illness.

The benefit will be available up to the limits as specified in the Policy Schedule / Certificate of Insurance.

26. Healthy Living Reward Program
Our Healthy Living Reward Program encourages the Insured Persons to regularly assess their health status and engage in activities which aid in improving their overall well-being. Any one or a combination of the following activities specified in the Policy Schedule / Certificate of Insurance will be offered under this program:

- Enrolment into a Wellness Program
- Health Risk Assessment (HRA)
- Targeted Risk Assessment (TRA)
- Lifestyle Management Program (LMP)
- Chronic Condition Management Programs
- Participation in Programs sponsored by Us and online/offline health initiatives
- Health Check Up

We will pay Uniformed Insured Person regarding the programs proposed to be provided as specified in the Policy Schedule / Certificate Of Insurance at the time of Policy issuance or any other notification/communication required to be sent hereunder on Your/Insured Person’s registered email ID or address specified in the Policy Schedule / Certificate Of Insurance.

Earnings from Healthy Rewards Points under this Benefit
Healthy Living Reward Points may be awarded on enrolment in the Policy or upon completing various activities listed in the Policy Schedule / Certificate Of Insurance. Healthy Reward points will be rewarded as specified in the Policy Schedule and shall not be linked to any dynamic factor.

Utilisation of Healthy Reward Points
Each earned reward point will be valued at 1 Rupee. Accumulated reward points can be redeemed in the following ways:
- A discount in premium from 1st Renewal of the Policy.
- Equivalent value of OPD, if opted for, anytime during the policy.
- Equivalent value for non-payable/ co-pay/ deductible limit, if opted for, anytime during the policy.

The Insured Person can approach Us for redemption of earned Healthy Reward Points as per modes defined in the Policy Schedule/ Certificate Of Insurance. Any unutilized Healthy Reward Points at the end of a Policy Year will be carried forward to the next Policy Year and will lapse at the end of the Grace Period if the coverage is not Renewed with Us. If the Insured Person wishes to know the present amount of the Healthy Reward Points earned/redeemed, then he/she may contact Us at Our toll free number. In any event, We will send the Insured Person an updated statement of the Healthy Reward Points as a part of the Policy Schedule/ Certificate Of Insurance at the time of Renewal on his/her registered email ID or residential address.

Details of the Program will be updated on Our Website.

The benefit will be available up to the limits as specified in the Policy Schedule / Certificate of Insurance.

27. Condition Management Reward Program
We will offer Reward Points under this Benefit based on certain health parameters or activities related to an Insured Person. The Reward Points may be awarded on adherence to health check-up schedule, maintenance of health i.e. if test results are within the limits as specified by Us, and upon completion of health activities defined under the program, provided that:

i. The Insured Person can redeem the Reward Points as per the modes defined in the Policy Schedule / Certificate Of Insurance.

ii. For the list of tests, Reward Points against the values for tests conducted, and conversion to discount in premium, please refer Annexure to the Policy Schedule/ Certificate Of Insurance.

iii. We will inform Your/Insured Person regarding the programs/services proposed to be provided as specified in the Policy Schedule / Certificate Of Insurance at the time of Policy issuance or any other notification/communication required to be sent hereunder on Your/Insured Person’s registered email ID or address specified in the Policy Schedule / Certificate Of Insurance.

iv. If the Insured Person wishes to know the present amount of the Reward Points earned hereunder, then he/she may contact Us at Our toll free number or through Our Website. In any event, We will send the Insured Person an updated statement of the Reward Points as a part of the Policy Schedule/ Certificate Of Insurance at the time of Renewal of the Policy in the event of any change.

v. Reward Points earned in a Policy Year will not be carried forward to the next Policy Year and will lapse if not utilized at renewal.

vi. This Optional cover will be offered for policy coverage on Individual basis only.

vii. Reward points will be rewarded as specified in the Policy Schedule and shall not be linked to any dynamic factor.

Details of the Program will be updated on Our Website.

28. Wellness Services Program
We will provide the various wellness benefits/services under this Benefit. Any one or a combination of the following programs specified in the Policy Schedule/ Certificate Of Insurance can be offered under this program:

Wellness Management Services:
1) Track your Health
2) Medical Concierge services
3) Health check up
4) Medical Practitioner’s consultations
5) Health tips or newsletters

We will inform you/Insured Person regarding the wellness services proposed to be provided as specified in the Policy Schedule / Certificate Of Insurance at the time of Policy issuance or any other notification/communication required to be sent hereunder on Your/Insured Person’s registered email ID or address specified in the Policy Schedule / Certificate Of Insurance.

The benefit will be available up to the limits as specified in the Policy Schedule / Certificate of Insurance.

29. Premium Waiver benefit in case of Accidental Death
If during the Policy Year, the Policyholder who is also an Insured Person, suffers an Injury due to an accident caused by an event/ peril covered under the policy and that Injury results in death of the Insured Person within 365 days from the date of the Accident, We will pay the next Renewal Premium of the Policy, for a tenure of 1 year, towards remaining term of Insured Person’s policy under the same policy.

The benefit will be offered subject to below conditions:

- The Insured Person is not added to in the Policy mid-term and has attained 18 years of age at the inception of the Policy Year in the event occurred.

- There is no change in covers. Sum Insured, benefit structure, limits and conditions applicable under the Policy.

- No new member is being added under the renewed Policy.

Once a claim has been accepted and paid under this Benefit, then this cover will automatically
30. **Premium Waiver benefit in case of Permanent Total Disablement**

If during the Policy Year, the Policyholder who is also an Insured Person, suffers an Injury due to an Accident, caused by an event/ peril covered under the policy and that Injury solely and directly results in the Permanent Total Disablement of the Insured Person which is of the nature specified in the table below within 365 days from the date of the Accident, We will pay the next Renewal Premium of the Policy, for a tenure of 1 year, towards remaining Insured Person’s covered under the same policy.

The benefit will be offered subject to below conditions:

- The Insured Person is not added in to the Policy mid-term and has attained 18 years of age at the inception of the Policy Year in which the event occurred.
- There is no change in covers, Sum Insured, benefit structure, limits & conditions applicable under the Policy.
- No new member is being added under the renewed Policy.

### Nature of Permanent Total Disablement

<table>
<thead>
<tr>
<th>Total and irreversible loss of sight in both eyes</th>
<th>Percentage of the Sum Insured payable unless specified otherwise</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss by physical separation or total and permanent loss of use of both hands or both feet</td>
<td>50%</td>
</tr>
<tr>
<td>Loss by physical separation or total and permanent loss of use of one hand and one foot</td>
<td>50%</td>
</tr>
<tr>
<td>Total and irreversible loss of sight in one eye and loss of a Limb</td>
<td>5%</td>
</tr>
<tr>
<td>Total and irreversible loss of hearing in both ears and loss of one Limb/loss of sight in one eye</td>
<td>2%</td>
</tr>
<tr>
<td>Total and irreversible loss of speech and loss of one Limb/loss of sight in one eye</td>
<td>10%</td>
</tr>
</tbody>
</table>

Permanent, total and absolute disablement (not falling under any one of the above) which results in Total and irrecoverable loss of hearing in both ears and loss of speech

For the purpose of this Benefit, Limb means a hand at or above the wrist or a foot above the ankle;

Physical separation of one hand or foot means separation at or above wrist and/or at or above ankle, respectively.

The Benefit as specified above will be payable provided that:

- a. The Permanent Total Disablement is proved; and a disability certificate issued by a civil surgeon or the equivalent appointed by the District, State or Government Board is given to Us;
- b. For disablement other than physical separation of limb/s, digit/s, the Permanent Total Disablement continues for a period of at least 180 days from the commencement of the Permanent Total Disablement and We are satisfied at the expiry of the 180 days that there is no reasonable medical hope of improvement and such disability is permanent at the end of this period;
- c. If the Insured Person dies before a claim has been admitted under this Benefit, then no amount will be payable under this Benefit; however benefit under Accidental Death shall become payable in lieu of this Benefit, if opted.
- d. Once a claim has been accepted and paid under this Benefit, then this cover will automatically terminate in respect of that Insured Person.

### Nature of Permanent Partial Disablement

If during the Policy Year, the Policyholder who is also an Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy and that Injury solely and directly results in the Permanent Partial Disablement of the Insured Person which is of the nature specified in the table below within 365 days from the date of the Accident, We will pay the next Renewal Premium of the Policy for a tenure of 1 year towards remaining Insured Person’s covered under the same policy.

The benefit will be offered subject to below conditions:

- The Insured Person is not added in to the Policy mid-term and has attained 18 years of age at the inception of the Policy Year in which the event occurred.
- There is no change in covers, Sum Insured, benefit structure, limits & conditions applicable under the Policy.
- No new member is being added under the renewed Policy.

#### Nature of Permanent Partial Disablement

<table>
<thead>
<tr>
<th>Total and irreversible loss of sight in one eye</th>
<th>Percentage of the Sum Insured payable unless specified otherwise</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of one hand or one foot</td>
<td>50%</td>
</tr>
<tr>
<td>Loss of all toes - any one foot</td>
<td>10%</td>
</tr>
<tr>
<td>Loss of toe great - any one foot</td>
<td>5%</td>
</tr>
<tr>
<td>Loss of toes other than great, if more than one toe lost, each</td>
<td>2%</td>
</tr>
<tr>
<td>Total and irreversible loss of hearing in both ears</td>
<td>50%</td>
</tr>
<tr>
<td>Total and irreversible loss of hearing in one ear</td>
<td>15%</td>
</tr>
<tr>
<td>Total and irreversible loss of speech</td>
<td>50%</td>
</tr>
<tr>
<td>Loss of four fingers and thumb of one hand</td>
<td>40%</td>
</tr>
<tr>
<td>Loss of four fingers</td>
<td>35%</td>
</tr>
<tr>
<td>Loss of thumb, both phalanges</td>
<td>25%</td>
</tr>
<tr>
<td>Loss of thumb-one phalanx</td>
<td>10%</td>
</tr>
<tr>
<td>Loss of index finger-three phalanges</td>
<td>10%</td>
</tr>
<tr>
<td>Loss of index finger-two phalanges</td>
<td>8%</td>
</tr>
<tr>
<td>Loss of index finger one phalanx</td>
<td>4%</td>
</tr>
<tr>
<td>Loss of middle/little/finger-three phalanges</td>
<td>6%</td>
</tr>
<tr>
<td>Loss of middle/little/finger-two phalanges</td>
<td>4%</td>
</tr>
<tr>
<td>Loss of middle/little/finger-one phalanx</td>
<td>2%</td>
</tr>
</tbody>
</table>

The Benefit specified above will be payable provided that:

- a. The Permanent Partial Disablement is proved; and a disability certificate issued by a civil surgeon or the equivalent appointed by the District, State or Government Board is given to Us;
- b. For disablement other than physical separation of limb/s, digit/s, the Permanent Partial Disablement continues for a period of at least 180 days from the commencement of the Permanent Partial Disablement and We are satisfied at the expiry of the 180 days that there is no reasonable medical hope of improvement and such disability is permanent at the end of this period;
- c. If the Insured Person suffers a loss that is not of the nature of Permanent Partial Disablement specified in the table above, then a disability certificate issued by a civil surgeon or the equivalent appointed by the District, State or Government Board will determine the degree of disablement.
- d. Once a claim has been accepted and paid under this Benefit, then this cover will automatically terminate in respect of that Insured Person.

32. **Premium Waiver benefit in case of Critical Illness**

If during the Policy Year, the Policyholder who is also an Insured Person is diagnosed with any of the Critical Illnesses specified under the Policy Schedule/ Certificate of Insurance, We will pay the next Renewal Premium of the Policy, for a tenure of 1 year, towards remaining Insured Person’s covered under the same policy.

The benefit will be offered subject to below conditions:

- The Insured Person is not added in to the Policy mid-term and has attained 18 years of age at the inception of the Policy Year in which the event occurred.
- There is no change in covers, Sum Insured, benefit structure, limits & conditions applicable under the Policy.
- No new member is being added under the renewed Policy.

### 33. Corporate Buffer

We will provide a Corporate Buffer of the amount or percentage of the Base Sum Insured as specified in the Policy Schedule during the Policy Year, provided that:

- i. All other terms, exclusions and conditions contained in the Policy or endorsed thereon remain unchanged.
- ii. This Benefit will be available for those Insured Persons who have already exhausted their Sum Insured limit subject to per Insured Person/ family limit as mentioned in the Policy Schedule.
- iii. This Benefit will be restricted to individual/ family/ illness/ amount specified in the Policy Schedule in respect of each and every Insured Person/ family, as opted.
- iv. If the Policy is issued on a Family Floater basis, the enhanced Sum Insured on account of the Corporate Buffer applicable will also be available on a Family Floater basis.
- v. Any Benefit accrued under this cover cannot be carried forward to the subsequent Policy Year.
- vi. The Benefit payable will be over and above the Base Sum Insured.

### 34. Corporate Buffer for Critical Illness

We will provide a Corporate Buffer of the amount or percentage of the Base Sum Insured as specified in the Policy Schedule during the Policy Year for Critical Illnesses listed under the Section on “Critical Illness”, provided that:

- i. All other terms, exclusions and conditions contained in the Policy or endorsed thereon remain unchanged.
- ii. This Benefit will be available for those Insured Persons who have already exhausted their Sum Insured limit subject to per Insured Person/ family limit as mentioned in the Policy Schedule / Certificate of Insurance.
- iii. This Benefit will be restricted to individual/ family/ illness/ amount specified in the Policy Schedule / Certificate of Insurance in respect of each and every Insured Person/ family, as opted.
- iv. If the Policy is issued on a Family Floater basis, the enhanced Sum Insured on account of the Corporate Buffer applicable will also be available on a Family Floater basis.
- v. Any Benefit accrued under this cover cannot be carried forward to the subsequent Policy Year.
- vi. The Benefit payable will be over and above the Base Sum Insured.

### 35. Restoration

We will provide for a 100% restoration of the Base Sum Insured once or as per the number of options selected and specified in the Policy Schedule/ Certificate Of Insurance, provided that:

- i. The Sum Insured inclusive of earned Cumulative Bonus (if any) is insufficient as a result of previous claims in that Policy Year.
- ii. The Restored Sum Insured will not be considered while calculating the Cumulative Bonus (if opted).
- iii. If the Policy is issued on an Individual basis, the Restored Sum Insured will be available to each Insured Person.
- iv. If the Policy is issued on a Family Floater basis, the Restored Sum Insured will be available on a Family Floater basis and can be utilised by the Insured Persons who are covered under the Policy before the Sum Insured was exhausted.

The benefit will be payable as per the limits as specified in the Policy Schedule/ Certificate of Insurance.

### 36. Cumulative Bonus

We will add a Cumulative Bonus as a percentage (specified in the Policy Schedule/ Certificate Of Insurance) of the Base Sum Insured at the end of the Policy Year if the Policy is Renewed with Us, provided that:

- a) No Cumulative Bonus will be added if the Policy is not renewed with Us by the end of the Grace Period.
- b) The Cumulative Bonus will be accumulated up to percentage of the Base Sum Insured selected under the Policy and specified in the Policy Schedule/ Certificate of Insurance.
- c) Any Cumulative Bonus that has accrued for a Policy Year will be credited at the end of that Policy Year if the policy is renewed with us within grace period and will be available for any claims made in such subsequent Policy Year.
- d) Merging of policies: If the Insured Persons in the expiring Policy are covered under multiple policies and such expiring Policy has been Renewed with Us on a Family Floater basis then the Cumulative Bonus to be carried forward for credit in such Renewed Policy shall be the least percentage of Cumulative Bonus applicable under the lowest Sum Insured of the last policy year amongst all the expiring policies being merged.
- e) Splitting of policies: If the Insured Persons in the expiring Policy are covered on a
6. Wherever Co-pay is opted under any Optional Cover, that opted percentage of Co-pay shall be applied to all indemnity claims made under the Base Covers as well as under Family Floater basis. If the Deductible amount is in force, We will be liable to pay only the difference amount of the admissible claim amount after applying the Sub Limits of the Policy.

37. Corporate Deductible
The Corporate Deductible amount, as specified in the Policy Schedule, shall be applicable in each and every claim on the aggregate of all admissible claims for the group during the Policy Year, provided that:

i. Any claim above the Corporate Deductible limit will be payable once the Corporate Deductible is exhausted through one or all the claims made during the Policy Year.
ii. Corporate Deductible shall be applicable under the Base Cover and all in-patient Hospitalisation claims under indemnity based Options on the admissible claim amount.
iii. For the purpose of calculating the Deductible and assessment of admissibility, all claims must be submitted in accordance with Terms and Conditions, as applicable.
iv. The consumption of the Deductible amount will be on the basis of the admissible claim amount after applying the Sub Limits of the Policy.

38. Non – payable items
We will cover cost of Non Payable Items, listed under List 1 of Annexure I of the Policy, incurred towards Medically Necessarily Hospitalisation of the insured person, arising out of Disease/ Illness or Injury covered under the Policy.

IV. Cover Type
The Policy provides cover on an Individual or/ and Family Floater basis. Under Individual basis, each Insured Person has a separate Sum Insured. Under Family Floater basis, the Sum Insured is limited by the whole family specified members of the family of the group member as specified in the Policy Schedule/ Certificate Of Insurance and Our total liability for the family cannot exceed the Sum Insured in a Policy Year. The cover type shall be as specified in the Policy Schedule/ Certificate Of Insurance.

Relationships covered under the Policy are as specified in the Policy Schedule/ Certificate Of Insurance.

V. Co-pay and Deductible
1. Co-pay
The Co-pay will apply to all indemnity claims made under the Base Covers as well as Optional Covers available under the Policy, if opted and specified under the Policy Schedule/ Certificate of Insurance.

If the Co-pay is in force, We will be liable to pay only the difference amount of the admissible claim amount. We assess for the payment in respect of the Policy and the balance, opted Co-pay percentage, shall be borne by the Insured Person.

The Policy Schedule/ Certificate of Insurance will specify the applicable Co-pay percentage under Base and/or Optional Covers.

2. Deductible
The Deductible will apply to all indemnity claims, made under Base as well as Optional Covers. If the Deductible is in force, We will be liable to pay only the difference amount of the admissible claim amount that We assess for the payment in respect of the Policy and the balance opted Deductible amount shall be borne by the Insured Person.

The Policy Schedule/ Certificate of Insurance will specify the applicable Deductible amount under Base and/or Optional Covers.

Wherever Co-pay is opted under any Optional Cover, that opted percentage of Co-pay shall be applicable for the Optional Cover and the Co-pay opted under the Base Cover shall not be applicable for such Cover.

VI. Limit and Sub limits
If the Benefit is in force, Our liability under the Base and/or Optional Covers/ Benefits for the Insured Person, as opted, shall be sub-limited based one or more combination of the following parameters as specified under the Policy Schedule/ Certificate of Insurance of:

- Sum Insured;
- Age of the Insured Member;
- Illness/ Injury or both;
- With/ Without medical reports;
- Area of Cover;
- Disease Category (As per WHO list);
- Per Claim/ Per Insured/ Per Policy/ Selective Hospital;
- Pre-existing/ Chronic or Congenital/Specific Disease/Side effect of medicine;
- Frequency of availability of cover (in Policy Year/ specified months/ duration between claims);
- Irrespective of claim/In case of no claim/ in case of claim;
- Limit for specified period from date of Travel/ date of pregnancy/ date of delivery/ date of start of first cover/ date of marriage of the Insured Person and/or date of member joining of the Insured Person;
- Limit on a part/partial section of scope of cover;
- Limit the scope of cover to a section/ part of the cover;
- Limit per event/aggregate of a claim/ per claim/ per visit/ per Insured for Lifetime under one or multiple benefits/ Optional Covers/;
- Co-payment, Deductible on per event/ per claim/ Aggregate of claim of per visit/ Specified Area based/ Member level PPN/ Selective Hospitals (Deductible can also be opted in duration from 1 hour to 365 days);
- Limit on Claim payout basis: Reimbursement, Cashless, Pre-authorised, Network, Non-Network; based on date of Travel/ date of pregnancy/ date of delivery/ date of start of first cover/ date of marriage of the Insured Person and/or date of member joining of the Insured Person;
- Limit basis Gazette rate or Government sponsored medicare rate or lower/ higher of both;
- Limit period/ Sum Insured on the basis of date of joining/ date of travel for Specific Disease/ Area or Disease/ Non-network/ PPN;
- Limit on category of treatment – Preventive, Primary, Emergency, Medically necessary;
- Limit/ relaxation on room category, room rent;
- Limit pre-existing disease Waiting period/ Specific Illness waiting period/ Initial waiting period/ any group specific waiting period;
- Duration of Hospitalisation;
- Convert lump sum claim payment into Staggered pay out within Regulatory guidelines;
- Limited to post Hospitalisation / Linked to Hospitalisation / Without hospitalisation;
- Line of treatment - Diagnosis, Consultation, Pharmacy, AYUSH etc.;
- Limit on Normal course of recovery without hospitalisation;
- Per event/claim/policy/personal hospitalisation limit;
- Limit maximum number of events in a policy year and apply per event limit for multiple events;
- Limit scope of cover to one or more trigger events;
- Condition for cover eligibility after continuous hospitalisation of 1 hr - 30 days;
- Limited to Treatment/ Program/ Membership fees;
- Limit on Non- medical/ non-payables, items, aids;
- Limit on specific treatments (eg Robotic Surgery, Stem cell treatment etc.)
- Maximum limit on out of pocket expenses against Co-pay/ deductible/ limits etc;
- Limit period on delay.
- Limit on claim payment in total liability, maximum up to outstanding loan amount or Sum Insured, whichever is lower

In case multiple parameters opted for Sub-limits are applicable to a single claim then the lower value of such Sub Limits shall apply.

VII. Waiting Periods & Permanent Exclusions

A. Waiting Periods
We shall not be liable to make any payment under this Policy directly or indirectly caused by, based on or arising out of any of the following, as set out below. All these waiting periods shall be applicable individually for each Insured Person since the Inception Date of the first Policy or coverage for the Insured Person and claims shall be assessed accordingly.

1. Pre-Existing Disease Waiting Period
A Waiting Period, since the Inception Date of the cover, specified in the Policy Schedule or Certificate of Insurance shall apply to all Pre-Existing Diseases/ Illness/ Injury / conditions for each Insured Person.

2. Initial Waiting Period for Hospitalisation
A Waiting Period, since the Inception Date of the cover, specified in the Policy Schedule/ Certificate of Insurance shall apply to all any Illness contracted and/or Medical Expenses incurred in respect of any Illness/ Injury by the Insured Person other than any Hospitalization due to Accident.

3. Specific disease/procedure waiting period
A Waiting Period, since the Inception Date of the cover, specified in the Policy Schedule/ Certificate of Insurance shall apply to any treatments, of the following, whether medical or surgical or for all Medical Expenses along with their complications on treatment towards:

- Cataract;
- Hysterectomy for Menorrhagia or Fibromyoma or prolapse of Uterus unless necessitated by malignancy myomectomy for fibroids;
- Knee Replacement Surgery (other than caused by Accident), non-infective Arthritis, Gout, Rheumatism, Osteoarthritis and Osteoporosis, Joint Replacement Surgery (other than caused by Accident), Fracture of interventional disc (other than caused by Accident), all Vertebrae Disorders, including but not limited to Spondylitis, Spondylolisthesis, Congenital Internal;
- Vascular Veins and Varicose Ulcers;
- Stones in the urinary uro-genital and biliary systems including calculi diseases, benign prostate hypertrophy, any types of Hydroceles;
- Fissure, Fistula in anus, Piles, all types of Hemia, Perianal sinus, Hemorrhoids and any abscess related to the anal region;
- Chronic Suppurative Otitis Media (CSOM), Deviated Nasal Septum, Sinusitis and related disorders, Surgery on tonsils/Adenoids, Tympanoplasty and any other benign ear, nose and throat disorder or surgery;
- Gastric and duodenal ulcer, any type of Cysts/Nodules/Polyps/Internal tumors/ skin tumors, and any type of Breast lumps (unless malignant), Polycystic Ovarian Diseases;
- Any Surgery of the genito-urinary system unless necessitated by malignancy. If these diseases are Pre-Existing Diseases at the time of proposal or subsequently found to be Pre-Existing Diseases, the Pre-Existing Disease Waiting Periods as mentioned in the Policy Schedule/ Certificate Of Insurance shall apply.

4. Diagnosis Waiting period
Any condition of Critical Illness or Illnesses covered under 'Benefit on diagnosis' Cover will not be covered where the first Diagnosis and/or manifestations, first commence/occur within the Waiting Period specified in the Policy Schedule/ Certificate of Insurance since the Inception Date of the cover.

5. Survival Period for diagnosis based benefit cover
Any condition of Critical illness or Illnesses covered under 'Benefit on diagnosis' Cover will not be covered until the Insured Person survives for at least the survival period specified in the Policy Schedule/ Certificate of Insurance following the first diagnosis and/or manifestation, first commenced/occurred the date of the illness or undergoing of such required Surgical Procedure for the first time, whichever is later.

6. Waiting period for Maternity Cover
Any medically necessary Treatment arising from or traceable to pregnancy, childbirth including caesarian section will not be covered until continuous coverage of the period specified in the Policy Schedule/ Certificate of Insurance has elapsed for the particular Insured Person since the Inception Date of the first Policy or coverage for the Insured Person. However, this exclusion / Waiting Period will not apply to ectopic pregnancy proved

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by diagnostic means and certified to be of life threatening nature by the attending Medical Practitioner.

B. Permanent Exclusions
We shall not be liable to make any payment under this Policy directly or indirectly caused by,

1. Pre-Existing Diseases - Code- Excl 01
   a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of opted months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
   b. In case of enhancement of sum insured the exclusion shall apply afferst to the extent of sum insured increased.
   c. If the Insured Person is continuously covered without any break as defined under the portfolio norms of the extant IRDAI (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage.
   d. Coverage under the policy after the expiry of Pre-existing disease waiting period for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.

2. Specified disease/procedure waiting period - Code- Excl 02
   a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of opted months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
   b. In case of enhancement of sum insured the exclusion shall apply aferst to the extent of sum insured increased.
   c. If any of the specified disease/procedure fails under the waiting period specified for pre-Existings diseases, then the longer of the two waiting periods shall apply.
   d. The waiting period for listed conditions shall apply even if contracted after the policy declared and accepted without a specific exclusion.
   e. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
   f. List of specific diseases/procedures provided under 'Specified disease/procedure Waiting period

3. 30-day waiting period- Code-Excl03
   a. Expenses related to the treatment of any illness within opted period of continuous coverage from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
   b. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
   c. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

4. Investigation & Evaluation - Excl 04
   a. Expenses related to any admission primarily for diagnostics and evaluation purposes are excluded.
   b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

5. Dental Treatment, orthodox treatment, dentures or Surgery of any kind unless necessitated due to an Accident and requiring minimum 24 Hospitalisation. Treatment related to gum disease or tooth disease or damage unless related to irreversible bone disease involving the jaw which cannot be treated in any other way, unless opted under the Policy. Expenses related to any admission primarily for diagnostics and evaluation purposes are excluded.

6. Circumcision unless for Treatment of an Illness or Injury not excluded hereunder or due to an Accident.

7. Birth control, Sterility and Infertility: Code- Excl 17
   a. Expenses related to Birth Control, sterility and infertility. This includes:
      i. Any type of contraception, sterilization
      ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
      iii. Gestational Surrogacy
      iv. Reversal of sterilisation

8. Maternity: Code Excl 18
   i. medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalisation) except ectopic pregnancy;
   ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

9. Refractive Error: Code- Excl 15
   Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

10. Acquired Immune Deficiency Syndrome (AIDS) whether or not arising out of HIV, AIDS related complex syndrome (ARCIS) and all Illness / Injury caused by and/or related to HIV.

11. Drugs, supplies and substances that can be purchased without prescription, including but not limited to Vitamin, minerals, and organic substances unless prescribed by a Medical Practitioner as part of hospitalisation claim or day care procedure. Code- Excl 14

12. Rest Cure, rehabilitation and respite care- Code- Excl 05
   a) Expenses related to any admission primarily for enforced rest bed and not for receiving treatment. This also includes:
      i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
      ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

13. External Congenital anomaly or defects, inherited disorders or any complications or conditions arising therefrom including any developmental conditions of the Insured Person.

14. Unproven Treatments: Code- Excl 16
   Expenses related to grants or unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

15. Treatment for: Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl 12

16. Breach of law: Code- Excl 10

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent. (e.g. intentional self- injury, suicide or attempted suicide (whether sane or insane).

17. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as health body or any Covered under the Policy.

Note: A cover against any one or more exclusions may be offered to a Group by weaving the exclusion/s or a part of the exclusion/s, on payment of applicable premium and as specified in the Policy Schedule/ Certificate of Insurance.

18. Prostheses, corrective devices and/or Medical Appliances, which are not required intra- operatively for the Illness/ Injury for which the Insured Person was Hospitalised, unless opted.

19. Cosmetic or plastic Surgery: Code- Excl 08
   Expenses for cosmetic or plastic surgery or any treatment to appear clean appearance following an Accident. Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered as medically necessary, it should be performed by the attending Medical Practitioner for reconstruction following an Accident, Burn(s) or Cancer.

20. Change-of-Gender treatments: Code- Excl 07
   Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

21. Obesity/ Weight Control: Code- Excl 06
   Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions:
   1. Surgery to be conducted is upon the advice of the Doctor
   2. The surgery/Procedures conducted should be supported by clinical protocols
   3. The member has to be 18 years of age or older and
   4. Body Mass Index (BMI):
      a. greater than or equal to 40 or
      b. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
         i. Obesity-related cardiomyopathy
         ii. Coronary heart disease
         iii. Severe Sleep Apnoea
         iv. Uncontrolled Type 2 Diabetes

   22. Treatment received outside India, unless specified in the Policy.

23. Investigation & Evaluation - Excl 04
   a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
   b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

24. Any form of Alternative Treatment, unless opted under the Policy.

25. Hazardous or Adventure sports: Code- Excl 09
   Expenses related to any treatment associated directly or due to participation as a professional in hazardous or adventure sports, including but not limited to, paragliding, rock climbing, mountain climbing, water rafting, motor racing, horse racing or scuba diving, hand gliding, skydiving, deep-sea diving.

26. All Illness/Expenses caused by intoxication or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel nuclear, chemical or biological attack or in any other sequence to the loss.

27. All directly or indirectly, caused by or arising from or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country), participation in any military, naval or air-force operation, civil war, public defense, rebellion, revolution, insurrection, military or usurped power, active participation in riots, confiscation or nationalization or regulation or of destruction or of damage to property by or under the order of any government or local authority.

28. For complete list of non-medical items, please refer to the Annexure II ‘Non-Payable Items’ and also on our Website.

29. Excluded Providers: Code- Excl 1
   Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations following an accident, expenses up to the stage of stabilization are payable but not the complete claim. (Explanation: Details of excluded providers shall be provided with the policy document. Insurers to use various means of communication to notify the policyholders, such as e-mail, SMS with the updated list being uploaded in the website.)

30. Specifically, applicable to Section A - Accident related covers:
   i. Any change of profession after inception of the Policy which results in the enhancement of Risk under the Policy, if not accepted and endorsed by Us on the Policy Schedule/ Certificate of Insurance.

31. Specifically, applicable to Section D - Travel related covers:
   i. Any claim if the Insured Person –
      a. Is travelling against the advice of a Medical Practitioner;
      b. is receiving, or is on any waiting list to receive, specified medical treatment declared in a Medical Practitioner’s report or certificate;
      c. Has received terminal prognosis for a medical condition;
      d. Any Congenital Anomalies or any consequence thereof.

32. Any claim arising from the Schedule of Benefits in so far as they involve in Adventure Sports, the training or participation in competitions of Professional or Semi-Sportspersons.

33. Treatment which could be reasonably delayed until the Insured Person’s return to Place of Origin. The question of what can or what cannot be reasonably delayed will be decided jointly by the treating Medical Practitioner, EASP and the Company, and accepted by us.

34. Any changes in excess of any Reasonable and Customary Charges incurred for an emergency treatment on account of an Insured Event.

35. Medical Expenses incurred towards the Insured Person when he/she is outside the Area of Cover specified under the Policy Schedule/ Certificate of Insurance.

36. Issue of medical certificates and examinations as to suitability for employment or travel.
The Service Partner may also support Us in assessing of reimbursement claims. In India the claims completed claim forms and the necessary processing documents must be furnished to Us within the condition precedent to the admissibility of a claim.

For overseas covers, the Area of Cover may be limited to any particular country or region outside India.

IX. Claims procedure

Processing of claims for Cashless facility and/or for reimbursement and providing access to the Network Provider will be through Our TPV Service Provider. A TPV Service Provider will be used for accessing Network Providers and for facilitating claim processing.

The updated applicable list of Network Providers is available on the TPV’s website. Details of applicable Network Providers may also be obtained from the TPV’s call center. In case of any queries relating to Network Providers, the user may contact the User Support at the following number:

The Service Partner may also support Us in assessing of reimbursement claims. In India the claims completed claim forms and the necessary processing documents must be furnished to Us within the condition precedent to the admissibility of a claim.

Completed claim forms and the necessary processing documents must be furnished to Us within the stipulated time frame. If claims are not furnished to Us within the time required shall not invalidate nor reduce any claim if You / Insured Person can satisfy Us that it was not reasonably possible for You / Insured Person to furnish the documentation within such time.

The Service Partner may also support Us in assessing of reimbursement claims. In India the claims will be serviced by an appointed Third Party Administrator (TPA) while all claims outside of India will be managed through Our Service Provider or Our call center.

The due intimation/ notification, submission of necessary documents and compliance with requirements as provided under the Claims Procedure set out below this Section by the Insured Person will be essential in this regard. We shall not be bound to accept a claim.

2. Policyholder’s / Insured Person’s Duty at the time of Claim

On occurrence of an event which may lead to a claim under this Policy, the Insured Person shall:

a. Forthwith intimation, file and submit the claim form and documents as prescribed in accordance with the procedure set out below.

b. Follow the directions, Medical Advice or guidance provided by a Medical Practitioner.

c. If so requested by Us, the Insured Person must submit himself/ herself for a medical examination by Our nominated Medical Practitioner as often as We consider reasonable and necessary. The cost of such examination will be borne by Us.

d. Allow the Medical Practitioner or any of Our representatives to inspect the medical and Hospitalisation records, investigate the facts and examine the Insured Person.

e. Assist and not prevent Our representatives in pursuance of their duties for ascertaining the admissibility of the claim, its circumstances and its quantum under the provisions of the Policy.

3. Claim intimation

Upon the discovery or occurrence of an Illness/ Injury or any other contingency that may give rise to a claim under this Policy, then as a Condition Precedent to Our liability under the Policy, the Insured Person or the Nominee as the case may be must notify Us to Our TPV Service Provider either at the call centre or in writing and shall undertake the following:

- In the case of Planned Hospitalisation - The Insured Person will intimated such admission at least 3 days prior to the planned date of admission.

- In the case of Emergency Hospitalisation - The Insured Person will intimated such admission within 48 hours of such admission but not later than discharge from the Hospital.

- Notify Us either at the call centre or in writing, within 10 days from the date of occurrence of the Accident/diagnosis of a Critical Illness/ Illness covered under Benefit on diagnosis cover.

Following details are to be provided to Us at the time of intimation of Claim:

i) Policy Number

ii) Name of the Policyholder

iii) Name of the Insured Person in whose relation the claim is being lodged

iv) Nature of Illness / Injury/ Accidental Critical Illness

v) Name and address of the attending Medical Practitioner and Hospital

vi) Date of admission

vii) Date of Death/ disablement, if applicable

viii) Any other information as requested by Us.

4. Cashless Process

Cashless Hospitalisation expenses shall be limited exclusively to Medical Expenses incurred for Treatment undertaken in a Network Provider for Illness or Injury / Accident/ Critical Illness as the case may be which are covered under the Policy. For all cashless authorisations, the Insured Person will, in any event, be required to settle all non-admissible expenses, expenses above any specified Sub Limits (if applicable), Co-Payments and / or opted Deductible (Per claim/ Aggregate/ Corporate) (if applicable), directly with the Hospital.

5. Pre-Authorisation Process

The Insured Person can avail Cashless facility at the time of admission into any Network Provider by following the procedure set out below:

i. The Insured Person shall, at least 3 days prior to admission to the Hospital approach the Network Provider for Hospitalisation for undertaking medical Treatment.

ii. The Network Provider will issue the request for authorisation letter for Hospitalisation in the pre-authorisation form.

iii. The Network Provider shall send the pre-authorisation form along with all the relevant details to Us within twenty-four hour/our cashless department along with contact details of the treating Medical Practitioner and the Insured Person.

iv. Upon receiving the pre-authorisation form and all related medical information from the Network Provider, We will verify the eligibility of cover under the Policy.

v. Wherever the information provided in the request is sufficient to ascertain the authorisation and there is no need for any additional documents, We shall send the authorisation letter to the Network Provider. Wherever additional information or documents are required, We will call for the same from the Network Provider and upon satisfactory receipt of the last necessary documents, the authorisation will be issued.

vi. The authorisation letter will include details of sanctioned amount, diagnosis, and date of approval.

vii. The authorisation letter shall be valid for a period of 15 days from the date of issue of authorisation.

(b) In case of Emergency Hospitalisation

The Insured Person may approach the Network Provider for Hospitalisation for medical Treatment.

ii. The Network Provider shall forward the request for authorisation to Us within 48 hours of admission to the Hospital as per the process described above.

iii. It is agreed and understood that We may continue to discuss the Insured Person’s condition with the treating Medical Practitioner until Our recommendations on eligibility of coverage for the Insured Person are finalised.

iv. In the claim, the Insured Person may either consider treating the Insured Person by taking a token deposit or treating him as per their norms in the event of any situation which requires saving of life, limb, sight or any other medical Emergency.

The Network Provider shall refund such deposit amount to the Insured Person less any token amount to take care of non-covered expenses once the pre-authorization is issued.

Enforcement to Pre-Authorised Amount:

In the event that the cost of Hospitalisation exceeds the authorised limit as mentioned in the authorisation letter, the Insured Person shall:

i. If such cost is considered reasonable for the treatment, We will pay the excess costs above the pre-authorized limit in the same proportion as the pre-authorized limit.

ii. If the cost is not considered reasonable for the treatment, the Insured Person shall pay the difference.

Discharge Process:

At the time of discharge:

i. the Network Provider may forward a final request for authorisation for any residual amount to Us along with the discharge summary and the detailed bill break up in accordance with the process described above.

ii. Upon receipt of the final authorisation letter from Us, the Insured Person may be discharged by the Network Provider.

Note: Cashless facility for Hospitalisation expenses shall be limited exclusively to Medical Expenses incurred for Treatment undertaken in a Network Provider for Illness or Injury / Accident/ Critical Illness as the case may be which are covered under the Policy. For all cashless authorisations, the Insured Person will, in any event, be required to settle all non-admissible expenses, expenses above specified Sub Limits (if applicable), Co-Payments and / or opted Deductible (Per claim/ Aggregate/ Corporate) (if applicable), directly with the Hospital.

Submission of Claim Documents:

The Network Provider will send the claim documents along with the invoice and discharge voucher, duly signed by the Insured Person directly to Us. The following claim documents (as applicable) should be submitted to Us within 15 days from the date of discharge of the Insured Person from the Hospital –

Claim Form duly filled and signed
Original pre-authorisation request
Copy of pre-authorisation approval letter (s)
Copy of photo ID of Insured Person verified by the Hospital
Original copy of consultations
Original discharge/death summary
Operation theatre notes (if applicable)
Original Hospital main bill and break up bill
Original investigation reports, X Ray, MRI, CT Films, HPEL, Reports confirming the extent of Fracture
Medical Practitioner’s reference slips for investigations/ pharmacy
Original pharmacy bills, prescriptions, and invoices
MLCIF/IRF report/post mortem report/ Missing Report (if applicable and conducted)
Bills from registered service provider
Certificate from the treating doctor certifying the cause and seventy of Coma (if applicable)
Person Travel/ Boarding Pass issued in the name of the Insured (if applicable)
Person from the Common Carrier (in case of covered event in a common carrier). Wherever a non-refundable ticket is purchased, the expenses of post travel will be upon the Insured Person
Prescriptions of treating Medical Specialist for support items, original invoice of actual expenses incurred (if applicable)
Original invoices of incurred expenses towards replacement of Personal Protective Equipment (if applicable)
Original invoice of expenses incurred during funeral (if applicable)
Proof of relationship with the Insured and Age proof of the dependent child (if applicable)
Additional documents in case of Permanent Total Disability/ Permanent Partial Disability Benefit (if applicable):
- Disability certificate issued by a civil surgeon or the equivalent appointed by the District, State or Government Board (or) certificate from the treating doctor certifying the extent of disability
- Original treating Medical Practitioner’s certificate describing the disability
- Original Disability summary from the Hospital
- Photograph of the Insured Person reflecting the disability
- Copies of Medical records, investigation reports, if admitted to hospital by...
We shall receive Pre-hospitalisation Medical Expenses Cover and Post-hospitalisation Medical Expenses Cover claims documents even after 15 years from the date of discharge from the Hospital. Provided that You / Insured Person has not disposed of the applicable/latest list of Network Provider on the company’s website or by calling Our call centre.

5. Claim Reimbursement Process

(a) Collection of Claim Documents based on indemnity based covers

Wherever the Insured Person has opted for a reimbursement of Medical Expenses, he/she may submit the following documents for reimbursement of the claim to Our branch or head office at his/ her own expense not later than 15 days from the date of discharge from the Hospital. The Insured Person can obtain a claim form from any of Our branch offices or download a copy from Our website www.manipalcigna.com

List of necessary claim documents to be submitted for reimbursement are as follows:

- Original copy of consultations
- Claim form duly signed
- Hospital discharge summary in original
- Operation theatre notes (if applicable)
- Hospital bill in original
- Hospital break up bills
- Investigation reports
- Original investigation reports. X Ray, MRI, CT firms, HPE, ECG
- Medical Practitioner’s reference slip for investigation
- Pharmacy bills, prescription and invoices
- MLC/IRIR report, post mortem report if applicable and conducted
- KYC documents (in case of death - proof of address, proof of address, recent passport size photograph)
- Cancelled cheque with name for NEFT payment
- Payment receipt
- Death summary, death certificate, if applicable
- Bills from registered service provider

We may call for any additional documents/information as required based on the circumstances of the claim whenever the claim is under further investigation or available documents do not provide clarity. In case there is a delay in submission of claim documents as specified above, then in addition to the documents specified above the Insured Person will also be required to provide Us the reason for such delay, in writing. We will condone the delay on merit for delayed claims where the delay has been proved to be for reasons beyond the claimant’s control.

Documents listed above will apply for claims in India, however for claims outside of India, the requirements may be subject to variation based on Our existing agreements, local market practice and provisions of applicable laws.

6. Scrutiny of Claim Documents

We shall scrutinise the claim form and the accompanying documents. Any deficiency in the documents shall be intimated to the Insured Person/Network Provider as the case may be.

If the deficiency in the necessary claim documents is not met or are partially met in 10 days as proof, in case of self-employed persons, the Company will consider the claim under the Policy as per the Policy Terms and Conditions. We will condone the delay on merit for delayed claims where the delay has been proved to be for reasons beyond the claimant’s control.

We may allow a closed claim to be reopened depending on the validity and the circumstances of the claim. Claims Investigation

We may investigate claims at Our own discretion to determine validity of a claim. Such investigation shall be concluded within 15 days from the date of assigning the claim for investigation and not later than 30 days from the date of receipt of the last necessary document. Verification carried out, if any, will be done by individuals or entities authorized by Us to carry out such verification / investigation(s) and the cost for such verification investigation shall be borne by Us.

9. Re-opening of Claim

We may allow a closed claim to be reopened depending on the validity and the circumstances of the claim.

11. Claims falling in 2 policy periods

If a Hospitalisation claim event falls within two Policy Periods, the claims shall be paid taking into consideration the available Sum Insured in the two Policy Periods, including the sub-limits, Deductible & Co-pay for each Policy Period subject to limit of Sum Insured provided that You have renewed the Policy with Us for the subsequent year.

12. Settlement and Repudiation of a claim

We shall settle or reject the claim within 30 days from the date of receipt of last necessary documentation in accordance with the provisions of the IRDAI (Protection of Policyholders’ interests) Regulations 2017 and the IRDAI (Health Insurance) Regulations, 2016.

In the case of delay in the payment of a claim We shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate (in India).

In the case of delay in the settlement of a claim We shall be liable to pay interest from the date of receipt of last necessary document. In such cases, We shall settle or reject the claim within 45 days from the date of receipt of last necessary document.

In case of delay beyond stipulated 45 days We shall be liable to pay interest at a rate 2% above the bank rate (in India) from the date of receipt of last necessary document to the date of payment of the claim.

13. Representation against Rejection

Where a rejection is communicated by Us, the Insured Person/claimant may, if so desired, within 15 days from the date of receipt of the claims decision represent to Us for reconsideration of the decision.

14. Claim Payment Terms

- We shall have no liability to make payment of a claim under the Policy in respect of an Insured Person once the applicable Sum Insured for that Insured Person is exhausted.
- All claims will be payable in India and in Indian rupees.
- We are not obliged to make payment for any claim or that part of any claim that could have been avoided or reduced if the Insured Person could have reasonably minimised the costs incurred.
- The Sum Insured opted under the Policy shall be reduced by the amount payable / paid under the Policy terms and conditions and any optional covers applicable under the Policy and only the balance shall be available as the Sum Insured under the Policy.
- If the Insured Person suffers a relapse within 45 days from the date of discharge from the Hospital for which a claim has been made, then such relapse shall be deemed to be part of the same claim and all the limits for “Any one illness” injury under this Policy shall be applied as if they were under a single claim.
- In the event of any claim being lodged under the Policy for any cause whatsoever during the Revival Period, all such sums in premium instalments shall immediately become due and payable notwithstanding any to the contrary contained hereinabove. We shall have the right to recover and deduct any or all the pending instalments from the claim amount due under the Policy.
- For Accident claims, if at the time a claim arises under this Policy the Insured Person has changed his occupation without Us being notified, then Our maximum liability will be limited to the amount that would have been payable for the premium paid and the new occupation.
- For Cashless claims, the payment shall be made to the Network Provider whose discharge warranty has been released as per the details of the discharge of Our liability under the Policy.

For Reimbursement claims, the payment shall be made to You/ Insured Person. In the unfortunate event of the Insured Person’s death, We will pay the nominee (as named in the Policy) Subject to Certificate of Insurability and in case of no Nominee, to the legal heir who holds a succession certificate or indemnity bond to that effect, whichever is available and whose discharge warranty has been released as per the details of the discharge of Our liability under the Policy.

15. Emergency evacuation and repatriation of mortal remains

- In the event of an Insured Person requiring Emergency evacuation/ repatriation of mortal remains, Insured Person Nominee (as applicable), must notify Us immediately either by phone call or in writing.
- Emergency evacuations shall be pre-authorised by us.
- Medical specialists in association with the Service Provider shall determine the Medical Necessity of such Emergency evacuation post which the same will be approved.
16. Network Services (other than hospitalisation)

The Insured Person shall avail these Benefits as defined in ‘Policy Terms and Conditions’ and such specified Services are covered under the Scheduled Cities/Network Services (other than hospitalisation).

Policy holder/ Insured shall seek appointment by calling Our call centre. We will facilitate his/her appointment and guide him/her to the nearest Network Provider for conducting the medical examination covered services.

X. Terms and conditions

1. Duty of Disclosure

The Policy shall be null and void and We shall have no liability to make payment of any claim/ claims under any Policy in the event of any untrue or incorrect statement, misrepresentation, mis-description or non-disclosure of any material particulars in the group proposal form, personal statements, declarations, medical history and connected documents, or of any material information having been withheld or a claim being fraudulent or any fraudulent means or device being used by You/ Insured Person/ Dependent or any one acting on their behalf for this Policy. Under such circumstances We may at Our sole discretion cancel the Policy and the Premium paid shall be forfeited to Us.

2. Observance of Terms & Conditions

The observance and fulfillment of the terms and conditions of the Policy (including the realisation of Premium by their respective dates and compliance with the specified procedure on all Claims) so far as they relate to anything to be done or complied with by You/ the Insured, shall be the Condition Precedent to Our liability under this Policy

3. Alterations in the Policy

This Policy constitutes the complete contract of insurance. No change or alteration will be effective or valid unless approved in writing which will be evidenced by a written endorsement, signed and stamped by Us. All endorsement requests will be made by the Group Policy holder only.

4. Material Information for Administration

a. You/ the Insured Person and/ or the Policyholder must give Us all the written information that is reasonably required to work out the Premium and pay any claim/ Benefits agreed under the Policy for the risk covered under the Policy as per the details of the insured Person proposed to be added to the Policy as Insured Persons.

b. We reserve the right to apply additional options, exclusions or to reflect any circumstances that You/ the Insured Person advises in their application form or declares to Us as a material fact.

c. Material information to be disclosed includes every matter that the Insured Person and/or You are aware of, or could reasonably be expected to know, that relates to questions in the proposal form and which is relevant to Us in order to accept the risk of insuring and if so on what terms. The Insured Person/ Policyholder must exercise the same duty to disclose those matters to Us before the Renewal, extension, variation, endorsement or reinstatement of the Policy.

5. Material Change

It is Condition Precedent to Our liability under the Policy that You/ the Insured Person must not change or terminate cover for the risk covered under the Policy on account of change in the risk or risk covered under the Policy for the risk covered under the Policy.

6. Duty of Disclosure

Any and all disputes or differences under or in relation to this Policy shall be determined by the Indian Courts and subject to Indian law without reference to any principle which would result in the application of the law of any other jurisdiction.

7. Premium

The premium payable under this Policy shall be paid in accordance with the schedule of payments agreed between the Policyholder and Us in writing. No premium shall be paid in respect of any Insured Person who has not been approved by Us in writing as an Insured Person.

8. Dispute Resolution

Any disputes or differences under or in relation to this Policy shall be determined by the Indian Courts and subject to Indian law without reference to any principle which would result in the application of the law of any other jurisdiction.

9. Premature Cancellation

The premium payable under this Policy shall be paid in accordance with the schedule of payments agreed between the Policyholder and Us in writing. No premium shall be paid in respect of any Insured Person who has not been approved by Us in writing as an Insured Person.

10. Grace Period & Renewal

A period of 15 days from the date of receipt of the Policy document, and a period of 30 days in case of electronic policies and policies obtained through distance mode, is available to review the terms and conditions of this Policy and to return if the same is not acceptable. The Group Policyholder has the option of cancelling the Policy stating the reasons for cancellation. If there are no claims reported (paid/outstanding) under the Policy, We shall refund the Premium after deducting the risk premium on pro-rata basis and after deducting expenses incurred by the insurer on medical examination of the insured persons and the stamp duty charges, as per applicable regulations and rules. Rights of peaceful cancellation of this Policy shall immediately stand extinguished on the free look cancellation of the Policy.

Free look Period shall not be available on Renewal of this Policy.

11. Parties to the Policy

The only parties to this Policy are the Policyholder and Us.

12. Currency

The monetary limits applicable to this Policy will be in INR.

13. Additon & Deletion of a Member

a. We shall include/exclude a group member/ Employee of the Policyholder or non-employer group enrolled member or Dependent as an Insured Person under the Policy in accordance with the following procedure:

1. Any person may be added to the Policy as an Insured Person during the Policy Year provided that the application for cover has been accepted by Us, additional premium on pro-rata basis applied on the risk coverage duration for the Insured Person has been received by Us and We have issued an endorsement confirming the addition of such person as an Insured Person.

ii. Deletion of an Insured Person

1. Any Insured Person who is covered under the Policy may be deleted upon Your request during the Policy Year. Refund of premium can be made on pro-rata basis, provided that no claim is paid/ outstanding in respect of that Insured Person/ his/her Dependents.

b. Throughout the Policy Period, You will notify Us of all and any changes in the membership of the Policy in the same month in which the change occurs. However, We may commence or terminate cover retroactively for Insured Persons for a period not exceeding 2 months from the date when You advise Us in writing.

c. All additions and deletions to the policy in addition to the other additional premium being applied will be generated at the time of addition of such employees/ members and/or Dependents and the same will be paid before the actual start date of the cover in respect of those employees/ members. In case of refusal to pay the additional premium due to deletions the same will be refunded or adjusted against future Premium instalments due on the policy.

14. Changes to the Terms & Conditions of the Policy

a. We can end the Policy or change any of the terms and conditions relating to the Policy subject to IRDAI approval. If the Policy changes because of new laws, We will inform the Policyholder in writing. In all circumstances,

i. We will give the Policyholder at least 30 days prior notice:

1. for changes to the list of Benefits, at least 90 days' notice in writing if allowed as per IRDA;

2. for changes to the Policy terms and conditions, or ending the Policy, at least 90 days' notice in writing;

ii. The change will take place, falling which, the Policy will end on the next Annual Renewal Date.

15. Nominee

The Insured Person can, on the Inception Date or at any time before the expiry of the Policy make a nomination for the purpose of payment of claims, in accordance with the provisions of Section 39 of the Insurance Act, 1938, as amended from time to time. Any change of nomination shall be communicated to Us in writing and such change shall be effective only when an endorsement to the Policy is made by Us.

16. No Constructive Notice

Any knowledge or information of any circumstance or condition in relation to You/ Insured Person which is in Our possession and not specifically informed by You / Insured Person shall not be held to bind or prejudicially affect Us notwithstanding substantial acceptance of any Premium.

17. Endorsements

The Policy will allow endorsements during the Policy Year. Any request for endorsement must be made in writing and must be supported by a letter confirming that handling the duplicate claim would be effective from the date of the request received from You, or the date of receipt of premium (for financial endorsements), whichever is later other than for change in date of birth or gender which will be effective from the date of change. You shall execute a fresh endorsement in such circumstances.

All endorsement requests may be assessed by the underwriting team and if required additional information/documents may be requested.

18. Multiple Policies

a. In case of multiple policies which provide fixed benefits, on occurrence of the insured event in accordance with the terms and conditions of the Policies, We shall make the claim payments independent of payments received under similar policies.

b. If two or more policies are taken by an Insured Person during a period from one or more insurers to indemnify treatment costs, the Policyholder shall have the right to settle the claim of his/her claim in terms of any of his/her policies.

i. In all such cases where We have issued the chosen Policy, We shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen Policy.

ii. Claims under other Policy/es may be made irrespective of the exhaustion of Sum Insured in the earlier chosen Policy / policies

iii. If the amount to be claimed exceeds the Sum Insured under a single policy after considering the claim under that policy, then in such a case the Policyholder shall have the right to choose insurers from whom he/she wants to claim the balance amount.

iv. Where an Insured Person has policies from more than one insurer to cover the same risk on indemnity basis in various policies the Policyholder has the right to choose


An endorsement is any 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. It is further clarified that if any special condition is stipulated in the Policy Schedule and/or Certificate of Insurance, then such special condition shall have effect accordingly. The special provision shall be within the purview of the Policy Terms and Conditions.

20. Records to be Maintained

The Insured Person shall maintain all records and books of accounts reasonably required in an accurate manner.

21. Grace Period & Renewal

a. The Policy may be renewed by mutual consent and in such event the Premium payable on Renewal of the Policy shall be paid to Us on or before the expiry of the Policy and in no case later than the Grace Period of 30 days from the expiry of the Policy or from the
date of next instalment due date. We will not be liable to pay for any claim arising out of an Injury/ Accidents/ Conditions that occurred during the Grace Period. The provisions of Section 64V of the Insurance Act, 1938 shall be applicable. All policies Renewed within the Grace Period shall be eligible for continuity of cover.

b. We shall not be bound to give notice that such Premium on Renewal is due. A Policy shall be ordinarily renewable unless any fraud, moral hazard, misrepresentation or non-cooperation by the Insured Person or on his behalf is found either in obtaining insurance or subsequently in its relation thereto.

c. Where such behaviour has been noticed by an individual employee/ member We will terminate cover for the specific employee/ member and his/ her Dependents including further Renewals and the cover for the remaining group members will continue. Where it is found that the Policyholder is involved in such above situations, the complete Policy will be terminated.

d. Revival Period:

i. Installment (less than annual) premium policies may be revived by mutual consent and in such event the Revival premium should be paid to Us within 15 days of the instalment due date. Wherever Premiums are not revived within the revival period, the Policy will be terminated and all claims that fall beyond such instalment due date shall not be covered as part of the policy. However, We will be liable to pay in respect of all claims where the treatment/admission has commenced before date of termination of such policies.

e. Renewal Terms:

i. Alterations like increase/ decrease in Sum Insured or addition/ deletion of Covers, can be requested at the time of Renewal of the Policy. We reserve Our right to carry out assessment of the group and provide the Renewal quote in respect of the revised Policy.

ii. Where We have discontinued or withdrawn this product/ plan or where You will not be eligible to renew as You have moved out of the Group, You will have the option to renew under the nearest substitute Policy being issued by Us, provided Benefits payable shall be subject to the terms contained in such other policy which has been approved by the IRDAI.

iii. We may in Our sole discretion, revise the Premiums payable under the Policy or the terms of cover, provided that all such changes are approved by the IRDAI and are in accordance with the IRDAI rules and regulations as applicable from time to time

22. Cancellation

Request for Cancellation shall be intimated to Us from Your side by giving 15 days’ notice in which case We shall refund the premium for the unexpired term on the short period scale mentioned below subject to no claims being paid/ outstanding under the policy.

i. The following grid is applicable for Mediclaim, Surgery, Accident and Wellness Module.

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<thead>
<tr>
<th>Policy in force up to</th>
<th>Premium Refund % (Policy Period)</th>
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<td>Up to 45 Days</td>
<td>70%</td>
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<tr>
<td>46-90 Days</td>
<td>80%</td>
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<td>91-180 Days</td>
<td>90%</td>
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<td>181- 273 Days</td>
<td>95%</td>
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<tr>
<td>274- 365 Days</td>
<td>100%</td>
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<td>366-455 Days</td>
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<td>639 – 730 Days</td>
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<td>731 – 820 Days</td>
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<tr>
<td>Above 1733 Days</td>
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23. Our Right of Termination

a. Prior to the termination of the Policy at the expiry of the Policy Period shown in the Policy Schedule, cover will end immediately for all Insured Persons, if:

i. We do not pay the Premiums owed under the Policy within the Grace Period

ii. For Non-Indian Nationals returning to their country of domicile

iii. there is misrepresentation, fraud, non-disclosure of material fact by You / Insured Person without any refund of Premium, by giving 15 days’ notice in writing by Registered Post Acknowledgment Due / recorded delivery to Your last known address.

iv. there is non-cooperation by You/ Insured Person, with refund of Premium on pro rata basis after deducting Our expenses, by giving 15 days’ notice in writing by Registered Post Acknowledgment Due / recorded delivery to Your last known address.

24. Fraudulent Claims

If any claim is found to be fraudulent, or if any false statement or declaration is made or used in support thereof, or if any fraudulent means or devices are used by You or the Insured Person or anyone acting on 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 covered as per allowed relationships or as dependents. We will have the right to reclaim all amounts and Benefits paid in respect of a claim which is fraudulent as mentioned above under this condition as well as under the condition for ‘Disclosures to information norm’ under this Policy.

25. Limitation to Liability

If a claim is rejected or partially settled and is not the subject of any pending suit or other proceeding or arbitration, as the case may be, within twelve months from the date of such rejection or settlement, the claim shall be deemed to have been abandoned and Our liability shall be extinguished and shall not be recoverable thereafter.

26. Migration

Upon the Insured Person ceasing to be an Employee/member of the group policyholder, such Insured Person shall have the option to migrate to an approved retail health insurance policy available with Us, provided that:

a. We have discontinued, withdrawn or modified this product or the Insured Person will not be eligible to renew as he/she ceases to be a member of the group, such Insured Person will have the option to migrate to the nearest substitute policy being issued by Us with continuity of Benefits and in accordance with the Migration guidelines issued by the IRDAI (to the extent applicable).

b. Migration shall be applicable to the extent of the Sum Insured under this Policy and the Cumulative Bonus, if any.

C. Only the unexpired/ residual waiting period not exceeding the applicable waiting period of this Policy with respect to Pre-existing diseases and time bound exclusions shall be made applicable on Migration under this new policy.

d. Migration may be subject to underwriting as follows:

a. Migration from this Policy to individual policy will be subject to underwriting.

b. Where underwriting is done, We will convey Our decision to You within 15 days as per Regulation 8(6) of IRDAI (Protection of Policyholders' interests) Regulations 2017.
e. The application for Migration should have been received by Us at least 30 days before the premium renewal date of this Policy.
f. Migration is allowed as per the prevailing IRDAI Guidelines and subsequent amendments.
g. You shall initiate request for Migration well before renewal date to avoid any break in the policy coverage.

27. Underwriting Loadings & Discounts
On change of the Insured Person’s risk profile or the parameters on which Premium is derived the coverage under this Policy may cease, unless specifically agreed by Us. However, in such cases, We may undertake the case in line with the underwriting policy of the product.

28. Operation of Policy & Certificate of Insurance
The Policy shall be issued for the duration as specified in the Policy Schedule/ Certificate Of Insurance. The Policy takes effect on the Inception Date stated in the Policy Schedule and/or the Certificate of Insurance and ends on the date of expiry of the Policy. For specific groups, upon request, all additions thereto by way of Certificate/s of Insurance shall be valid up to the Policy Period commencing from the actual date of addition to the Policy, it being agreed and understood that We shall continue to extend the benefit of coverage of insurance to the Insured Person(s) in the same manner on Renewal of the Policy or until expiry of the Certificate of Insurance, whichever is earlier.

29. Electronic Transactions
a. The Insured Person agrees to adhere to the terms and conditions and hereby agrees and consents that all transactions effected by or through facilities for conducting remote transactions including the internet, world wide web, Electronic data interchange, call centres, telecommunication operations (whether voice, video, data or combination thereof) or by means of any other means of telecommunication established by or on behalf of Us for and in respect of the Policy or its terms, shall constitute legally binding and valid transactions when done in accordance to and in compliance with Our terms and conditions for such facilities, as may be prescribed from time to time.
b. These terms and conditions shall be within the approved Policy Terms and Conditions.
c. However, the terms of this condition shall not override provisions of any laws) or statutory regulations including provisions of IRDAI (Protection of Policyholders Interests) Regulations 2017, as may be amended from time to time. All conditions of Section 41 of the Insurance Act, 1938 prescribed for the proposed form, all necessary disclosures on terms, conditions and major exclusions shall be made known to the Insured Person.

30. Communications
Any communication or notice or instruction under this Policy shall be in writing and will be sent to:

i. Your Insured Person, at the address as specified in Policy Schedule/ Certificate of Insurance.
ii. To Us, at Our address specified in the Policy Schedule/ Certificate of Insurance.
iii. No insurance agents, brokers, other person or entity is authorised to receive any notice on behalf of Us unless explicitly stated in writing by Us.

Notice and instructions will be deemed served 10 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

31. Complete Discharge
We will not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment (unless assigned by the Policyholder) or other dealing with or relating to this Policy. The payment made by Us to Your Insured Person or to their Nominee/legal representative or to the Hospital, as the case may be, of any Medical Expenses or compensation or Benefit under the Policy shall in all cases be complete, valid and construe as an effectual discharge in favour of Us.

32. Insured Person
Only those persons named as an Insured Person in the Policy Schedule/ Certificate of Insurance shall be covered under this Policy. Any person may be added as an Insured Person during the Policy Period after his application has been accepted by Us, additional Premium to be paid and We shall continue to extend the benefit of coverage of insurance to the Insured Person(s) in the same manner on Renewal of the Policy or until expiry of the Certificate of Insurance, whichever is earlier.

33. Waiting Period
All claims payable with respect to a Pre-Existing Illness or any conditions declared and/or accepted at the time of proposal / application will be subject to a Waiting Period as specified in the Policy Schedule/ Certificate Of Insurance. The Policy takes effect on the Inception Date stated in the Policy Schedule and/or the Certificate of Insurance and ends on the date of expiry of the Policy. For specific groups, upon request, all additions thereto by way of Certificate/s of Insurance shall be valid up to the Policy Period commencing from the actual date of addition to the Policy, it being agreed and understood that We shall continue to extend the benefit of coverage of insurance to the Insured Person(s) in the same manner on Renewal of the Policy or until expiry of the Certificate of Insurance, whichever is earlier.

34. Notice of Charge
a. The Company shall not be bound to take notice or be affected by any notice of any trust, charge, lien or other dealing with or relating to this Policy, but the payment by the Company to the Insured Person or his/her nominees or the legal representative, as the case may be, of any compensation or benefit under the Policy shall in all cases be an effectual discharge to the Company.
b. In the cases of delay in payment of any claim that has been admitted as payable by the Company under this Policy, beyond the time period as prescribed under IRDAI (Protection of Policyholders Interests) Regulations, 2017, the Company shall pay interest at a rate which is 2% above the bank rate where “bank rate” shall mean the bank rate fixed by the Reserve Bank of India at the beginning of the financial year in which claim has fallen due.

35. Duties of Insured Person on Occurrence of Loss
a. On the occurrence of any loss, within the scope of this Policy the Insured Person shall:

i. Forthwith inform the Company and file/submit a Claim Form in accordance with the attached `Claim Procedure`.
ii. Allow the Company/EASP appointed Medical Practitioner, or any surveyor or agent of the Company to inspect the lost/damaged properties/premises/goods as well as examine the Insured Person, as deemed reasonably necessary by the Company/ EASP.
iii. Assist and not hinder or prevent the Company or any of its agents in pursuance of their duties.
iv. Not to abandon the insured property/items in the premises, nor take any steps to rectify/remedy the damage (unless reasonably necessary to directly avoid or minimize the quantum of such damage or loss) before the same has been approved by the Company or any of its agents or appointed surveyor.
b. If the Insured Person does not comply with the provision of this Clause, all benefits under this Policy are liable to be forfeited, at the sole option of the Company.

36. Contribution (for non-medical covers)
a. If at the time 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 We shall not be liable to pay or contribute more than its rateable proportion of the claim. This clause does not apply to Benefit sections. Details of applicability towards Contribution are detailed below.
b. If the Insured Person is covered under two or more policies during the same period from one or more insurers to indemnify treatment costs and the amount of claim is within the Sum Insured limit of any of the policies, the Insured Person will have the right to opt for a full settlement of their claim in terms of any of the policies under which the Insured Person is covered.

c. Where the amount to be claimed exceeds the Sum Insured under a single policy after considering Deductibles, Co (applicable), the Insured Person can choose the insurer with which they would like to settle the claim.
d. Wherever We receive such claims We will have the right to apply the Contribution clause while settling the claim.

37. Subrogation (for non-medical covers)
You/any Insured Person will do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by Us for the purpose of enforcing/or securing any civil or criminal rights and remedies or obtaining relief or indemnity from any other party to which We aresor would become entitled upon Us making any payment of a Claim under this Policy, whether such acts or things shall be or become necessary or required before or after its payment. Neither You nor any Insured Person shall prejudice these subrogation rights in any manner and provide Us with whatsoever assistance or cooperation is required to enforce such rights.

Any recovery that We make pursuant to this clause shall first be applied to the amounts paid or payable by Us under this Policy and any costs and expenses incurred by Us for effecting a recovery, where after We shall pay any balance remaining to the Insured Person. This Section does not apply to Benefit sections.

38. Extension (For Travel covers)
The Company may in its sole and absolute discretion extend the Period of Insurance of the Policy once during the Trip Duration, provided that: 1) The Company has received the request for extension of the Policy and the applicable premium before the coverage expiry date of the Period of Insurance. 2) The Company has received a good health and no claim declaration during the Trip Duration. 3) The Insured Person does not make a claim before the request for extension of the Policy. The Company is under no obligation to extend the Policy or to extend the Policy on the same terms and conditions, whether as to premium or otherwise.

39. Short-period Cover
a. For Accident Section only, Policy can be issued for a term less than one year to provide coverage to specific events or specified period. The Premium charged for such policies will be as below.

b. The Short Period Cover shall work in conjunction with Grace Period Clause defined under the policy.

Policy in force up to: Premium %
7 days 10%
15 days 12.5%
25 days 20%
1 Month 25%
3 months 50%
6 months 75%
More than 6 months 100%

40. On-duty Cover
For General Personal Accident Section only. Policy can be issued for restricted time period of the day e.g. Work duty hours only etc.

41. Grievance Redressal Procedure
a. If You/Insured Person may have a grievance that requires to be redressed, You/Insured Person may contact Us with the details of the grievance through:

i. Our website: www.manapalcigna.com
ii. Email: servicesupport@manapalcigna.com
iii. Toll Free: 1800-102-4462
iv. Contact No.: +91 22 6170 3600
v. Fax: 022 40825222
vi. Courier: Any of Our branch office or corporate office during business hours.
b. You/Insured Person may also approach the grievance cell at any of Our branches with the details of the grievance during Our working hours from Monday to Friday.
c. If You/Insured Person are not satisfied with Our redressal of Your grievance through one of the above methods, You/Insured Person may contact Our Head of Customer Service at the Grievance Cell, ManipalCigna Health Insurance Company Limited (Formerly known as ManipalCigna Health Insurance Company Limited), 40/1402, 4th Floor, Raheja Titanium, Western Express Highway, Goregaon (East), Mumbai- 400063 or email headcustomercare@manapalcigna.com.
d. If You/Insured Person are not satisfied with Our redressal of Your grievance through one of the above methods, You/Insured Person may approach the nearest Insurance Ombudsman for resolution of the grievance. The contact details of Ombudsman offices attached as Annexure I to this Policy document.

e. You may also approach the Insurance Ombudsman if your complaint is open for more than 30 days from the date of filing the complaint.
### Annexure I – Ombudsman <<Shall be modified as per new additions/modifications by the IRDAI>>

<table>
<thead>
<tr>
<th>CONTACT DETAILS</th>
<th>JURISDICTION</th>
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<tbody>
<tr>
<td><strong>AHMEDABAD</strong></td>
<td>Gujarat, Union territory of Dadra &amp; Nagar Haveli, Daman and Diu.</td>
</tr>
<tr>
<td>Office of the Insurance Ombudsman, 6th Floor, Jeevan Praakash Bldg, Tilak Marg, Relief Road, Ahmedabad-380 001 Tel.: 079-25052102/2505346 Email: <a href="mailto:bimalokpal.ahmedabad@ecoi.co.in">bimalokpal.ahmedabad@ecoi.co.in</a></td>
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<tr>
<td><strong>BENGALURU</strong></td>
<td>Karnataka.</td>
</tr>
<tr>
<td>Office of the Insurance Ombudsman, 24th Main Road, Jeevan Soudha Bldg., JP Nagar, 1st Phase, Ground Floor Bengaluru – 560 078 Tel.: 080 - 25602489 / 2560249 Email: <a href="mailto:bimalokpal.bengaluru@ecoi.co.in">bimalokpal.bengaluru@ecoi.co.in</a></td>
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</tr>
<tr>
<td><strong>BHOPAL</strong></td>
<td>Madhya Pradesh and Chhattisgarh.</td>
</tr>
<tr>
<td>Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Bhopal – 462 003. Tel.: 0755-2765921/02 Fax: 0755-2765923 Email: <a href="mailto:bimalokpal.bhopal@ecoi.co.in">bimalokpal.bhopal@ecoi.co.in</a></td>
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<tr>
<td><strong>BHUBANESHWAR</strong></td>
<td>Orissa.</td>
</tr>
<tr>
<td>Office of the Insurance Ombudsman, 62, Forest Park, Bhubaneswar – 751 009. Tel.: 0674-2596425/2596426/2596429 Fax: 0674-2596429 Email: <a href="mailto:bimalokpal.bhubaneswar@ecoi.co.in">bimalokpal.bhubaneswar@ecoi.co.in</a></td>
<td></td>
</tr>
<tr>
<td><strong>CHANDIGARH</strong></td>
<td>Punjab, Haryana, Himachal Pradesh, Jammu &amp; Kashmir and Union territory of Chandigarh.</td>
</tr>
<tr>
<td>Office of the Insurance Ombudsman, S.C.O. No. 101, 102 &amp; 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172-2706196/849 Fax: 0172-2706214 Email: <a href="mailto:bimalokpal.chandigarh@ecoi.co.in">bimalokpal.chandigarh@ecoi.co.in</a></td>
<td></td>
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<tr>
<td><strong>CHENNAI</strong></td>
<td>Tamil Nadu and Union territories of Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).</td>
</tr>
<tr>
<td>Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044-2433366/2433528 Fax: 044-2433366/2433528 Email: <a href="mailto:bimalokpal.chennai@ecoi.co.in">bimalokpal.chennai@ecoi.co.in</a></td>
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<tr>
<td><strong>DELHI</strong></td>
<td>Delhi.</td>
</tr>
<tr>
<td>Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011-23232481/23231504 Fax: 011-23230686 Email: <a href="mailto:bimalokpal.deli@ecoi.co.in">bimalokpal.deli@ecoi.co.in</a></td>
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<tr>
<td><strong>GUWAHATI</strong></td>
<td>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</td>
</tr>
<tr>
<td>Office of the Insurance Ombudsman, ‘Jeevan Nivesh’, 5th Floor, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361-23232481/23232482 Email: <a href="mailto:bimalokpal.guwahati@ecoi.co.in">bimalokpal.guwahati@ecoi.co.in</a></td>
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<tr>
<td><strong>HYDERABAD</strong></td>
<td>Andhra Pradesh, Telangana, Union Territory of Yanam and part of the Territory of Pondicherry.</td>
</tr>
<tr>
<td>Office of the Insurance Ombudsman, 6-2-46, 1st floor, “Moin Court” A. C. Guards, Lakdi-Ka-Pool, HYDERABAD - 500 004. Tel.: 040-61504112/23312122 Fax: 040-23376599 Email: <a href="mailto:bimalokpal.hyderabad@ecoi.co.in">bimalokpal.hyderabad@ecoi.co.in</a></td>
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<tr>
<td><strong>JAIPUR</strong></td>
<td>Rajasthan.</td>
</tr>
<tr>
<td>Office of the Insurance Ombudsman, Jeevan Nidi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur – 302 005. Tel.: 0141 -2740363 Fax: 0141 <a href="mailto:-bimalokpal.jaipur@ecoi.co.in">-bimalokpal.jaipur@ecoi.co.in</a></td>
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<tr>
<td><strong>ERNAKULAM</strong></td>
<td>Kerala, Lakshadweep, Mahe–a part of Pondicherry.</td>
</tr>
<tr>
<td>Office of the Insurance Ombudsman, 2nd Floor, CC 27 / 2603, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484-2358759/9338 Fax: 0484-2359336 Email: <a href="mailto:bimalokpal.ernakulam@ecoi.co.in">bimalokpal.ernakulam@ecoi.co.in</a></td>
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</tr>
<tr>
<td><strong>KOLKATA</strong></td>
<td>West Bengal, , Sikkim, and Andaman and Nicobar Islands.</td>
</tr>
<tr>
<td>Office of the Insurance Ombudsman, Hindustan Bldg, Annexe, 4, C.R. Avenue, 4th Floor, KOLKATA - 700 072. TEL.: 033-22124346/22124339 Fax: 033-22124341 Email: <a href="mailto:bimalokpal.kolkata@ecoi.co.in">bimalokpal.kolkata@ecoi.co.in</a></td>
<td></td>
</tr>
<tr>
<td>Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow-226 001. Tel.: 0522-22331330 Fax: 0522-22331310 Email: <a href="mailto:bimalokpal.lucknow@ecoi.co.in">bimalokpal.lucknow@ecoi.co.in</a></td>
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</tr>
<tr>
<td><strong>MUMBAI</strong></td>
<td>Goa Mumbai Metropolitan Region excluding Navi Mumbai &amp; Thane</td>
</tr>
<tr>
<td>Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai – 400 054. Tel.: 022-26106552/6960 Fax: 022-26106552 Email: <a href="mailto:bimalokpal.mumbai@ecoi.co.in">bimalokpal.mumbai@ecoi.co.in</a></td>
<td></td>
</tr>
<tr>
<td>Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt. Gautam Budh Nagar, U.P-201301 Email: <a href="mailto:bimalokpal.noida@ecoi.co.in">bimalokpal.noida@ecoi.co.in</a></td>
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</tr>
<tr>
<td><strong>PATNA</strong></td>
<td>Bihar, Jharkhand</td>
</tr>
<tr>
<td>Office of the Insurance Ombudsman, 1st Floor, Kalpna Arcade bldg., Bazar Samiti Road, Bahadurpur, Patna 800006 Tel: 0212-2514250/ 2514253/2514235 Email: <a href="mailto:bimalokpal.Patna@ecoi.co.in">bimalokpal.Patna@ecoi.co.in</a></td>
<td></td>
</tr>
<tr>
<td><strong>PUNE</strong></td>
<td>Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.</td>
</tr>
<tr>
<td>Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. Nos. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020 -41312655 Email: <a href="mailto:bimalokpal.pune@ecoi.co.in">bimalokpal.pune@ecoi.co.in</a></td>
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</tbody>
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## Annexure II – Non Payable Items

**LIST I – Optional Items**

| 1. | Baby Food          |
| 2. | Baby Utilities Charges |
| 3. | Beauty Services     |
| 4. | Belts/Braces        |
| 5. | buds               |
| 6. | Cold Pack/Hot Pack  |
| 7. | Carry Bags          |
| 8. | Email/Internet Charges |
| 9. | Food Charges (other than patient's diet provided by hospital) |
| 10. | Leggings           |
| 11. | Laundry Charges     |
| 12. | Mineral Water       |
| 13. | Sanitary Pad        |
| 14. | Telephone Charges   |
| 15. | Guest Services      |
| 16. | Crepe Bandage       |
| 17. | Diaper of any type  |
| 18. | Eyelet Collar       |
| 19. | slings              |
| 20. | Blood Grouping and Cross Matching of Donors Samples |
| 21. | Service Charges where Nursing Charge also Charged |
| 22. | Television Charges  |
| 23. | Surcharges          |
| 24. | Attendant Charges   |
| 25. | Extra Diet of Patient (other than that which forms part of bed charge) |
| 26. | Birth Certificate   |
| 27. | Certificate Charges |
| 28. | Courier Charges     |
| 29. | Conveyance Charges  |
| 30. | Medical Certificate  |
| 31. | Medical Records     |
| 32. | photocopies Charges |
| 33. | Mortuary Charges    |
| 34. | Walking Aids Charges |
| 35. | Oxygen Cylinder (for usage outside the hospital) |
| 36. | Spacer              |
| 37. | Spirometer          |
| 38. | Nebulizer Kit       |
| 39. | Steam Inhaler       |
| 40. | Armsling            |
| 41. | Thermometer         |
| 42. | Cervical Collar     |
| 43. | Splint              |
| 44. | Diabetic Foot Wear  |
| 45. | Knee Braces (long/short/htnged) |
| 46. | Knee Immobilizer/shoulder immobilizer |
| 47. | Lumbo Sacral Belt   |
| 48. | Nimbus Bed or Water or Air Bed Charges |
| 49. | Ambulance Collar    |
| 50. | Ambulance Equipment |
| 51. | Abdominal Binder    |
| 52. | Private Nurses Charges - Special Nursing Charges |
| 53. | Sugar Free Tablets  |
| 54. | Creams Powders Lotions (toiletries are not payable, only prescribed medical pharmaceuticals payable) |
| 55. | ECG Electrodes      |
| 56. | Gloves              |
| 57. | Nebulisation Kit    |
| 58. | Any kit with no details mentioned [Delivery Kit, OrthoKit, Recovery Kit, etc] |
| 59. | Kidney Tray         |
| 60. | Mask                |
| 61. | Ounce glass         |
| 62. | Oxygen Mask         |
| 63. | Pelvic Traction Belt |
| 64. | Pan Can             |
| 65. | Trolley Cover       |
| 66. | Urometer, Urine Jug |
| 67. | Ambulance           |
| 68. | Vasofix Safety      |

**LIST II – Items that are to be subsumed into room charges**

| 1. | Baby Charges (unless specified/indicated) |
| 2. | Hand Wash                                |
| 3. | Shoel Wash                               |
| 4. | Caps                                     |
| 5. | Cradle Charges                           |
| 6. | comb                                     |
| 7. | Eau.de-cologne / room fresheners         |
| 8. | foot cover                               |
| 9. | gown                                     |
| 10. | slippers                                 |
| 11. | tissue paper                             |
| 12. | tooth paste                              |
| 13. | tooth brush                              |
| 14. | bed pan                                  |
| 15. | face mask                                |
| 16. | Flexi mask                               |
| 17. | hand holder                              |
| 18. | sputum cup                               |
| 19. | Disinfectant lotions                     |
| 20. | Luxury Tax                               |
| 21. | HVAC                                     |
| 22. | House Keeping Charges                    |
| 23. | air conditioner charges                  |
| 24. | IM IV Injection Charges                  |
| 25. | clean sheet                              |
| 26. | Blanket/Varmer blanket                   |
| 27. | Admission Kit                            |
| 28. | Diabetic Chart Charges                   |
| 29. | Documentation charges / Administrative expenses |
| 30. | Discharge Procedure Charges              |
| 31. | Daily Chart Charges                      |
32. **ENTRANCE PASS / VISITORS PASS CHARGES**

33. **EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE**

34. **FILE OPENING CHARGES**

35. **INCENTIVAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)**

36. **PATIENT IDENTIFICATION BAND / NAME TAG**

37. **PULSODEXYMETER CHARGES**

### LIST III: ITEMS THAT ARE TO BE SUBSUMED INTO PROCEDURE CHARGES

1. Hair Removal Cream
2. Disposables Razors Charges (for site preparations)
3. Eye Pad
4. Eye Shield
5. Camera Cover
6. DVD, CD Charges
7. Gauze Soft
8. Gauze
9. Ward and Theatre Booking Charges
10. Arthroscopy and Endoscopy Instruments
11. Microscope Cover
12. Surgical Blades, Harmoniscalpel, Shaver
13. Surgical Drill
14. Eye Kit
15. Eye Drape
16. X-Ray Film
17. Boyles Apparatus Charges
18. Cotton
19. Cotton Bandage
20. Surgical Tape
21. Apron
22. Tourniquet
23. Orthobundle, Gynaec Bundle

### LIST IV: ITEMS THAT ARE TO BE SUBSUMED INTO COSTS OF TREATMENT

1. Admission/Registration Charges
2. Hospitalisation for Evaluation/ Diagnostic Purpose
3. Urine Container
4. Blood Reservation Charges and Ante Natal Booking Charges
5. Bipap Machine
6. CPAP/CPD Equipments
7. Infusion Pump Cost
8. Hydrogen Peroxide/Spirit/Disinfectants Etc
9. Nutrition Planning Charges - Dietician Charges- Diet Charges
10. HIV Kit
11. Antiseptic Mouthwash
12. Lozenges
13. Mouth Paint
14. Vaccination Charges
15. Alcohol Swabs
16. Scrub Solution/Sterillium
17. Glucometer & Strips
18. Urine Bag

Note: (For Travel Section) We shall have provision to cancel the group policy arrangement if the master policyholder does not adhere to the norms specified under 'Circular on Travel Insurance Products and operational matters' issued by the Insurance Regulatory and Development Authority of India dated 27 September, 2019.