EVERY DETAIL MATTERS TO YOUR HEALTH.

FIND THEM LISTED IN YOUR POLICY TERMS & CONDITIONS
**Policy Terms and Conditions**

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**I. Preamble & 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, and

(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.

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**II. Definitions**

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

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

**Aggregate Limit** means the Company’s maximum, total and cumulative liability under the Benefit or the set of Benefits as specified in the Policy Schedule or Policy Certificate in respect of all claims or loss 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.

**Alternative Treatments**: Alternative Treatments are forms of Treatments other than “allopathy or ‘modern medicine” and includes Ayurveda, Unani, Siddha, Homoeopathy and Naturopathy in the Indian context.

**Ambulance** means a vehicle/ carrier operated by a licenced/authorised service provider and equipped for the transport and paramedical Treatment of the Person requiring medical attention.

**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 unless it is stated otherwise in the Policy.

**Any One Illness**: Any One Illness means continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.

**Area of Cover**: Area of Cover means the geographic coverage area as defined under the Policy and as particularly specified for the Insured Person in the Policy Schedule/ Certificate of Insurance.

**Associated Medical Expenses**: Associated Medical Expenses shall include Room Rent, nursing services rendered to you in the Hospital/Nursing Home and diagnostic tests conducted within the same Hospital where the Insured Person has been admitted.

**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) AYUSH Hospital located in other countries, in particular those in which healthcare facilities 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 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 sessions 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 Limit** 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.

**Cancer-in-situ**: Cancer-in-situ shall mean a histologically proven, localized pre-invasive 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;

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

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

*FIGO stands for the staging method of the Federation Internationale de Gynecologie et d’Obstetrique.

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

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**Catastrophe**: Catastrophe means an unexpected natural or man-made event, such as an earthquake, tsunami, flood, civil unrest, mass bandit 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 note(s). 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 is regularly engaged in the business of transporting goods or people for hire, as a public passenger carrier.

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

**Company / Insurer**: Company / Insurer means ManipalCigna Health Insurance Company Limited.

**Complementary Treatment**: Complementary treatment means:

- Physiotherapy: Treatment of an illness, Injury or deformity through physical methods such as manipulation, heat treatment, etc.
- 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).
- 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.
- Chiropractic: A supplementary medicine to devolve to the care of the feet and the treatment of minor foot complaints such as improving balance, bunions, plantar warts, foot strain, flat feet and the care of the feet of diabetics.
- 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, pharmaceutical and other therapeutic procedures.
- 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.
- Ayurveda: The science of life based on the Vedas, the Hindu books of knowledge and truth and the traditional Hindu medical (incorporated in Vedas), which provides an integrated approach for prevention and treatment of illness through lifestyle interventions and natural 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.

- **Internal Congenital Anomaly**
- **External Congenital Anomaly**

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**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, precious metals, 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 liability of the Insured Person to the Insured Person.

**Covered Conditions Date**: Covered Conditions Date means the date specified in the Policy Schedule/Certificate of Insurance on which the Company’s cover under the Policy in respect of the Insured Person named in the Policy Schedule/ Certificate of Insurance commences.

**Critical illness**: Critical illness means life illnesses listed below or as customised by a Doctor and specified under the Policy Schedule/ Certificate of Insurance.

1. Cancer of specific severity
2. Aorta Graft Surgery
3. Apallic Syndrome
4. Myocardial Infarction (First Heart Attack – of Specific Severity)
5. Myocardial Infarction (Loss of Hearing)
6. Parkinson’s Disease
7. Open Chest CABG
8. Blindness (Loss of Sight)
9. Major Cystic Disease
10. Open Heart Replacement or Repair of Heart Valves
11. Aplastic Anaemia
12. Muscular Dystrophy
13. Lymphoma specified Severity
14. Corneal Artery Disease
15. Loss of Speech
16. Kidney Failure Requiring Regular Dialysis
17. End Stage Lung Disease
18. Systic Lupus Erythematosus
19. Stroke Resulting in Permanent Symptoms
20. End Stage Liver Failure
21. Loss of Limbs
22. Major Organs Bone Marrow Transplant
23. Thrid Degree Burns (Major Burns)
24. Major Head Trauma
25. Permanent Paralysis of Limbs
26. Fulminant Hepatitis
27. Brain Surgery
28. Motor Neurone Disease with Permanent Symptoms
29. Alzheimer’s Disease
30. Cardiomyopathy
31. Multiple Sclerosis with Persisting Symptoms
32. AIDS
33. Creutzfeld-Jacob Disease (CJD)
34. Primary Pulmonary Hypertension
35. Malignant Melanoma
36. Terminal Illness

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, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply 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 is:-
- undertaken under General or Local Anaesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
- 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: This is a cost-sharing requirement under a health insurance policy that the Insurer will not be liable for a specified currency amount in case of indemnity policies and for a specified number of days/hours which will apply before 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.

Dentist: Dentist - a dentist, dental surgeon or dental practitioner who is registered or licensed as such under the laws of the country, state or other regulated area in which the treatment is provided.

Dependent: Dependent means the member’s spouse/ partner or child or parent or in-laws or any relation who has been enrolled in the Policy.

Dependent Child: Dependent Child refers to a child (natural or legally adopted), who is under Age 25 years, either in full-time education or residing at the same residence as the member at the commencement of the Policy.

Domiciliary Hospitalisation: Domiciliary Hospitalisation means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at 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 malignancies consistent with:
- Tumour of the thyroid histologically classified as N1M0 according to the TNM classification;
- Prostate tumour should be histologically described as TNM Classification T1a or T1b or T1c and N0M0;
- Tumour of the thyroid histologically classified as T1N0M0 according to the TNM classification;
- Benign Brain Tumour
- Primary Pulmonary Hypertension
- Multiple Sclerosis with Persisting Symptoms
- Permanent Paralysis of Limbs
- Terminal Illness

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

Emergency Care: Emergency Care means medical treatment for an illness or injury sustained by an Insured Person in an Accident, which occurs suddenly and unexpectedly, and requires immediate care and medical treatment by a Medial 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 care may be transferred to another Hospital or Em Unit by the attending Medical Practitioner.

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

Emergency Care: Emergency Care means medical treatment for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care and 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

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
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, Kidney and pancreas) or one or more major organ systems, as per the advice of a physician.

iii. Critical care being provided, which has high complexity decision making to assess, manage and support vital body function(s) to treat single or multiple organ system failures(s) and requires interpretation of multiple physiological parameters and application of advanced technology.

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

Major Cancer: A malignant tumour characterised by the uncontrolled 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 carcinoma, 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 breasts, Cervical dysplasia CIN-1, CIN-2 & CIN-3.

b. Any skin cancer other than invasive malignant melanoma.

c. 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.

d. Papillary micro - carcinoma of the thyroid less than 1 cm in diameter.

e. Chronic lymphocytic leukaemia less than RAI stage 3.

f. All tumours of the urinary bladder histologically classified as T1NOMO (TNM Classification) or below.

g. All tumours in the presence of HIV infection.

Maternity Expense: Maternity Expense means:

- All treatment expenses traceable to childbirth (including compensated deliveries and caesarean sections incurred during hospitalization).
- 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 or the prescription of any medicine or follow-up procedures.

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 24-hr per day.

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): A 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 Medicine or Council for Homeopathic Medicine in the State of India 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 or any State Council or any similar authority of the country where Insured Person is availing treatment outside India/ Country of origin is and is thereby entitled to practice medicine within its jurisdiction, and is acting within the scope and jurisdiction of license.

Medically Necessary Treatment: Medically Necessary Treatment means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:

- Is required for the medical management of the illness or injury suffered by the insured.
- Must be considered necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity.
- Must have been prescribed by a medical practitioner.

Migrating: Must conform to the professional standards widely accepted in international medical practice.

Moneyspender: May be booked to travel which is earlier.

Money: Money means cash, bank drafts, current coins, bank and currency notes, treasury notes, cheques, traveler’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.

Network Provider: Network Provider mean hospital enlisted by an insurer, a TPA or jointly by an insurer and a TPA to provide medical services to an insured by a cashless facility.

New Born Baby: New born baby means baby born during the Policy Period and is aged 90 days or less.

Nominee: Nominee means the person named in the Policy Schedule or Certificate of Insurance (as applicable) who is nominated to receive the Benefits in respect of an Insured Person or Dependent covered under the Policy in accordance with the terms and conditions of the Policy, if such person is deceased or is otherwise unable to accept such nomination.

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

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

Operation: Operation means any procedure described as an operation in the schedule of Surgical Procedures.


Period of Insurance (Specific to Covers under Travel Section): Period of Insurance means the period during which the Policy Schedule/ Certificate of Insurance is effective for the Insured Person’s Trip.

a. In respect of a Single Trip cover, the Period of Insurance is the period from the Coverage Commencement Date specified in the Policy Schedule/ Certificate of Insurance to the coverage expiry date specified in the Policy Schedule/ Certificate of Insurance or the end of actual Trip Duration (as per the Policy Schedule/ Certificate of Insurance) whichever is earlier.

b. In respect of a Multi Trip cover, the Period of Insurance is the period from the Coverage Commencement Date specified in the Policy Schedule/ Certificate of Insurance, to the coverage expiry date specified in the Policy Schedule/ Certificate of Insurance or the end of actual Trip Duration (as per the Policy Schedule/ Certificate of Insurance) whichever is earlier.

Place of Origin: Place of Origin means any place in India from which the Trip commences and which is mentioned 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 and Policy Schedule which form part of the Policy contract between Us and the Insured Person, as amended from time to time which form part of the Policy contract and shall be read together.

Policy Period: Policy Period means the period between 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.

Policy Schedule: Policy Schedule means Schedule attached to and forming part of this Policy mentioning the details of the benefits provided, the availability of Benefits and the Sub-limits to which Benefits under the Policy are subject to, including endorsement and/or endorments, made to or on it from time to time, if more than one, the latest in time.

Policy Year: Policy Year means a period of 12 consecutive months within the Policy Period commencing from the Inception Date or any subsequent Policy anniversary.

Port: Port means a scheduled point of departure or arrival of a Common Carrier in which an Insured Person is booked to travel.

Post-Hospitalisation Medical Expenses: Post-hospitalisation Medical Expenses means medical expenses which will be provided during pre-defined number of days immediately after the insured person is discharged from the hospital provided that:

i. Such Medical Expenses are for the same condition for which the insured person’s hospitalisation was required, and

ii. The In-patient hospitalisation claim for such hospitalisation is admissible by the insurance company.

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

a. That is/ are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or

b. For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.

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, provided that:

i. Such Medical Expenses are incurred for the same condition for which the Insured Person’s Hospitalisation was required, and

ii. The In-patient hospitalisation claim for such hospitalisation is admissible by the insurance company.

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

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

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 working 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 geographic 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 agreement from the effective date of the policy to the enrolment of the insured person in the next policy year.

Room Rent: Room Rent means the amount charged by a Hospital towards Room and Boarding expenses when providing hospital services for the purpose of gaining credit for pre-existing diseases, time bound exclusions and for all waiting periods.

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Service Partner: Service Partner is an assistance company utilized by Us to support You for facilitation of access to Network Providers and for providing Medical Assistance Services. In India Strike: Strike means stoppage of work announced, organized and sanctioned by a labour union, inclusive of work slowdowns, lockouts and sickouts, which interferes with the normal department and arrival of a Common Carrier.

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 accepts as being of equivalent status.

SPG fee: SPG fee means the fee which is charged per visit and is licensed as such under the laws of the country, state or other regulated area in which the treatment is provided is only a specialist for the purpose of physiotherapy as described in the list of Benefits.

Spouse: Spouse means the husband or wife accepted for coverage under the Policy.

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

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 the respective Benefit(s) in respect of an Insured Person and is as specified in the Policy Schedule/ Certificate of Insurance for the said Benefit(s). In respect of this Policy this limit is specified in Schedule attached to and forming part of this Policy Schedule/ Certificate of Insurance.

Surgey or Surgical Procedure: Surgery or Surgical Procedure means manual and / or operative intervention for the removal of a body part or tissue because of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or care centre by a medical practitioner.

Surgical appliance and/or Medical Appliances:

- An artificial limb, prosthesis or device which is required for the purpose of or in connection with surgery.
-- An artificial device or prosthesis which is a necessary part of the treatment immediately following an injury or surgery required by medical necessity.

-- An apparatus or appliance which is medically necessary and is part of the recuperation process on a short-term basis.

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

Third Party Administrator/ TPA: Third Party Administrator (TPA) means a company registered with the Authority, and engaged by an insurer, for the purpose of handling claims and other services required by the policy.

Travelling Companion: Travelling Companion means an individual or individuals travelling with the Insured Person, provided that the Insured Person and such individual(s) are travelling to the same intended Destination and on the same date and such individual(s) is/are also insured with the Company. For the purpose of this definition, any individual(s) forming a 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 the treatment or care rendered to or for the Insured Person 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 Place in Place of Origin to board a Common Carrier for the purpose of travelling to an Intended Destination within India or on or after the Covered Trip Duration 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 as and 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 undertaking a Trip, for which insurance is effective under the Policy.

Unproven/Experimental Treatment: Unproven/Experimental Treatment means treatment, including diagnostic, 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.

Valuables: Valuables mean and include photographic, audio, video, computer and any other electronic equipment, musical instruments, decorative, paintings, furniture, crockery, china, silver, works of art, jewellery, watches, furs and accessories made of precious stones and metals.

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) becomes 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 and who has concluded this Policy with Us.

III. Benefits under the Policy

a. The Certificate of Insurance will specify which Benefits are in force for the Insured Person during the Period of Insurance. Claims made under any applicable Benefit, for the Period of Insurance will be subject to the terms, conditions, limits and exclusions of this Policy, the availability of the Sum Insured for that Benefit, any applicable Sub-Limits and subjectalways to the availability of the Aggregate Limit of the Policy (if applicable and specified in the Policy Schedule/Certificate of Insurance). Claims will be payable in excess of the applicable Deductible specified in the Policy Schedule/ Certificate of Insurance, if any.

b. Where an event qualifies for more than one Benefit, or more than one section of the same Benefit, and the Insured Person or the Insured Event is subject to a waiting period, sub-limit or exclusion, the same benefit shall cease to be payable until the waiting period expires or the sub-limit is exhausted or the exclusion ceases to apply, as the case may be.

c. All claims paid under the Policy will impact the Sum Insured available under the Policy for that cover or set of covers.

d. All claims on a Cashless Facility and reimbursement basis must be made in accordance with the procedure set out in the Policy, unless specified otherwise.

e. A claim is payable subject to occurrence of a covered event during the Policy Period unless specified otherwise.

e. All claims paid under the Policy will impact the Sum Insured available under the Policy for that Benefit or Group of Benefits. All claims must be made in accordance with the procedure set out in the Policy, unless specified otherwise.

e. A claim is payable subject to occurrence of a covered event during the Policy Period unless specified otherwise.

Covers:

The Policy provides below covers (under Section A, B, C and D) as base under the Policy. One or a combination of any number of covers may be opted as Optional Covers. Base Covers and one or a combination of other covers may be selected as Optional Covers under a cover.

-- Available subject to a limit, which will be determined in accordance with the procedure set out in the Policy, unless specified otherwise.

Section A – Accident

1. Accidental Hospitalisation 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 Hospitalisation of the Insured Person suffering from an Injury.

If 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 suffering from an Injury.

We will pay the Post-hospitalisation Medical Expenses of an Insured Person which are incurred immediately post discharge of the Insured Person from the Hospital or Day Care Treatment (if opted) up to the limits as specified in the Policy Schedule/ Certificate of Insurance, provided that a claim is admissible under the ‘Accidental Hospitalisation Cover’ and the Pre-hospitalisation Medical Expenses are related to the same Injury. The date of admission to the Hospital from which the benefit shall be the date of the Insured Person’s first admission to the Hospital in relation to any one Injury.

2. Accidental Hospitalisation 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 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 Medically Necessary Treatment of the Insured Person and admission date of the Hospitalisation is within the Policy Year.

3. Accident Hospital 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 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 Pre-hospitalisation Medical Expenses of the Insured Person suffering from an Injury.

Once a claim has been accepted and paid under this Benefit, then this cover will automatically terminate in respect of that Insured Person.

4. Accidental Air Ambulance 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, We will pay the Reasonable and Customary Charges incurred during the Policy Year towards transportation of the Insured Person, from or to the nearest Hospital by an air ambulance to and from healthcare facilities during an Emergency, within India, unless specified otherwise. The benefit shall be payable up to the limit as specified in the Policy Schedule/ Certificate of Insurance, provided that the transportation is arranged by a medically equipped aircraft which can offer medical care in flight and should have medical equipments, and in flight facilities, to treat the Insured Person suffering from an Injury.

5. Accident Ambulance 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 Hospitalisation of the Insured Person suffering from an Injury, We will pay the Post-hospitalisation Medical Expenses of an Insured Person which are incurred immediately post discharge of the Insured Person from the Hospital or Day Care Treatment (if opted) up to the limits as specified in the Policy Schedule/ Certificate of Insurance, provided that a claim is admissible under the ‘Accidental Hospitalisation Cover’ and the Pre-hospitalisation Medical Expenses are related to the same Injury. The date of admission to the Hospital from which the benefit shall be the date of the Insured Person’s first admission to the Hospital in relation to any one Injury.

6. Accidental Post Hospitalisation

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 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 Pre-hospitalisation Medical Expenses of the Insured Person suffering from an Injury.

7. Accidental YUVAS Hospitalisation 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 Hospitalisation of the Insured Person suffering from an Injury, We will pay the Medical Expenses, provided that:

- The admission date of the Hospitalisation is within the Policy Year.

8. 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, then the Policyholder/ Insured Person shall bear a ratable proportion of the total Associated Medical Expenses (including all applicable taxes thereon) 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.

The benefit is payable up to the limit as specified in the Policy Schedule/ Certificate of Insurance.
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 suffers from Coma, We will pay the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance, provided that:

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

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

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.

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/ 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 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 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 lines 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):

i. Physiotherapy.
ii. Acupuncture and Acupressure
iii. Chiropractic and Chiropractic
iv. Osteopathy.
v. Homeopathy.
v. 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:

i. The purchase of support items artificial limbs, crutches, stretchers, tricycle, wheelchairs, intra-ocular lenses, spectacles which in the opinion of a Medical Practitioner are necessary for the Insured Person due to the Injury sustained in the Accident;

ii. Additional lifesaving expenses incurred for special or imported medicines or for event transplants or treatments or for the Injury sustained, provided that the treatment is availed in a Hospital or Day Care Centre in India including on an outpatient basis or for Day Care Treatment.

16. Accident Support 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 and opted under the Policy Schedule/ Certificate of Insurance towards:

i. 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 are necessary for the Insured Person due to the Injury sustained in the Accident;

ii. 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 outpatient basis or for Day Care Treatment.

17. Accident Dependent Children 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 suffers from Permanent Total Disability, Permanent Partial Disability 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/ 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 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 that Injury solely and directly results in the Permanent Total Disability, Permanent Partial Disability or death of the Insured Person within 365 days from the date of the Accident, 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 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 dead in absence of death in accordance with law), We will pay the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance to the nominee provided that:

i. 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;

ii. a period of at least 7 years has been completed since the date of the Insured Person's disappearance;

iii. The legal representatives of the Insured Person's estate provide Us with a signed agreement stating that if it later transpires 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 will 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 dead in absence of death in accordance with law), We will pay the cash benefit up to the limit as specified in the Policy Schedule to the nominee provided that:

i. 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;

ii. a period of at least 7 years has been completed since the date of the Insured Person's disappearance;

iii. The legal representatives of the Insured Person's estate provide Us with a signed agreement stating that if it later transpires 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 will 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 that Injury solely and directly results in the Permanent Total Disability, Permanent Partial Disability 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 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 to the dependent child being up to 25 years as on date of occurrence of the event (unless specified otherwise) provided that the child is/ are 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.

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.

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.

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 that Injury solely and directly results in the Permanent Total Disability, Permanent Partial Disability 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 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 to the dependent child being up to 25 years as on date of occurrence of the event (unless specified otherwise) provided that the child is/ are 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.
If one child, the Sum Insured as specified under this benefit shall be paid fully to the child. If more than one child is covered under the policy and that Injury solely and directly results in death of any immediate family member, we will pay the sum insured as specified in the Policy Schedule/ Certificate of Insurance towards the arrangement for an Emergency evacuation of the Insured Person to the nearest facility, within India, capable of providing adequate care provided that:

1. The medical evacuation must be determined by Our medical team to be Medically Necessary to prevent the immediate and significant effects of Injury or conditions which if left untreated could result in a significant deterioration of health and it has been determined that evacuation treatment is not available locally.
2. In making Our determinations, We will consider the nature of emergency, Your medical condition and ability to travel.
3. The Insured Person’s medical condition must require the accommodation of a qualified healthcare professional during the entire course of the evacuation to be considered an emergency and requiring emergency evacuation.

24. Accident Emergency Evacuation Benefit
If the Insured Person suffers an Injury, solely and directly due to an Accident, caused by an event/ peril covered under the policy, that occurs during the Policy Year and if 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 of the Insured Person to the nearest facility, within India, capable of providing adequate care provided that:

1. The medical evacuation must be determined by Our medical team to be Medically Necessary to prevent the immediate and significant effects of Injury or conditions which if left untreated could result in a significant deterioration of health and it has been determined that evacuation treatment is not available locally.
2. In making Our determinations, We will consider the nature of emergency, Your medical condition and ability to travel.
3. The Insured Person’s medical condition must require the accommodation of a qualified healthcare professional during the entire course of the evacuation to be considered an emergency and requiring emergency evacuation.
4. Transportation will be provided by medically equipped specialty aircraft, commercial airline, train or ambulance depending upon the medical needs and available transportation specific to each case.

25. EMI Protection
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 Disabiliy, Permanent Partial Disability, Temporary Total Disabiliy, Hospitalisation or coma of the Insured Person and the event completely prevents the Insured Person from performing each and every duty that pertains to her employment or engaging in occupation for a minimum period of one month. In such an event, We will pay the cash benefit in commensuration with the Insured Person’s contribution in EMI of the existing insurance linked loan account, up to the limit as specified in the Policy Schedule/Certificate of Insurance.

Under this Benefit the liability of the Company shall cease once the Insured Person engages in the same or any alternative occupation. We will not be liable to pay for any penalty or arrears which may have accumulated due to delayed or missed EMI’s prior to the date of accident.

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 Disabiliy, Permanent Partial Disability, Temporary Total Disabiliy, Hospitalisation or coma of the Insured Person and the event completely prevents the Insured Person from performing each and every duty that pertains to her employment or engaging in occupation for a minimum period of one month. In such an event, We will pay the cash benefit in commensuration with the Insured Person’s contribution in EMI of the existing insurance linked loan account, up to the limit as specified in the Policy Schedule/Certificate of Insurance.

Under this Benefit the liability of the Company shall cease once the Insured Person engages in the same or any alternative occupation. We will not be liable to pay for any penalty or arrears which may have accumulated due to delayed or missed EMI’s prior to the date of accident.

27. 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 Disabiliy, Permanent Partial Disability, Temporary Total Disabiliy, Hospitalisation or coma of the Insured Person and the event completely prevents the Insured Person from performing each and every duty that pertains to her employment or engaging in occupation for a minimum period of one month. In such an event, We will pay the cash benefit in commensuration with the Insured Person’s contribution in EMI of the existing insurance linked loan account, up to the limit as specified in the Policy Schedule/Certificate of Insurance.

Under this Benefit the liability of the Company shall cease once the Insured Person engages in the same or any alternative occupation. We will not be liable to pay for any penalty or arrears which may have accumulated due to delayed or missed EMI’s prior to the date of accident.

28. 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 Disabiliy, Permanent Partial Disability, Temporary Total Disabiliy, Hospitalisation or coma of the Insured Person and the event completely prevents the Insured Person from performing each and every duty that pertains to her employment or engaging in occupation for a minimum period of one month. In such an event, We will pay the cash benefit in commensuration with the Insured Person’s contribution in EMI of the existing insurance linked loan account, up to the limit as specified in the Policy Schedule/Certificate of Insurance.

Under this Benefit the liability of the Company shall cease once the Insured Person engages in the same or any alternative occupation. We will not be liable to pay for any penalty or arrears which may have accumulated due to delayed or missed EMI’s prior to the date of accident.

29. 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 Disabiliy, Permanent Partial Disability, Temporary Total Disabiliy, Hospitalisation or coma of the Insured Person and the event completely prevents the Insured Person from performing each and every duty that pertains to her employment or engaging in occupation for a minimum period of one month. In such an event, We will pay the cash benefit in commensuration with the Insured Person’s contribution in EMI of the existing insurance linked loan account, up to the limit as specified in the Policy Schedule/Certificate of Insurance.

Under this Benefit the liability of the Company shall cease once the Insured Person engages in the same or any alternative occupation. We will not be liable to pay for any penalty or arrears which may have accumulated due to delayed or missed EMI’s prior to the date of accident.

30. 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 Disabiliy, Permanent Partial Disability, Temporary Total Disabiliy, Hospitalisation or coma of the Insured Person and the event completely prevents the Insured Person from performing each and every duty that pertains to her employment or engaging in occupation for a minimum period of one month. In such an event, We will pay the cash benefit in commensuration with the Insured Person’s contribution in EMI of the existing insurance linked loan account, up to the limit as specified in the Policy Schedule/Certificate of Insurance.

Under this Benefit the liability of the Company shall cease once the Insured Person engages in the same or any alternative occupation. We will not be liable to pay for any penalty or arrears which may have accumulated due to delayed or missed EMI’s prior to the date of accident.
36. 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 that Injury solely and directly results in inability to perform 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 significant difficulty coping with the required activities of daily living and specialist Medical Practitioner who treated the Insured Person has certified this;
- 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 an Hospital subject to a maximum limit as specified in the policy, if any;
- The condition must result in the inability of the Insured Person to perform at least 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 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 tub) or by other means and maintain an adequate level of cleanliness and personal hygiene.
- Dressing: the ability to put on, take off, and fasten/unfasten garments and as appropriate, any other clothing devices;
- Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once foods 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 results Medically 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 incurred 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 Earnings 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 thereof, We will pay the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance.

For the purpose of this benefit, Accidental Loss of Earnings means the inability of the Insured Person to work and perform the duties of his/ her primary occupation and losses his/ her source of income generation.

40. Accidental Loss of Earnings 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 Sum Insured as specified in the Policy Schedule/ Certificate of Insurance.

For the purpose of this benefit, Accidental Loss of Earnings means the inability of the Insured Person to work and perform the duties of his/ her primary occupation and losses his/ her source of income generation.

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 Sum Insured as specified in the Policy Schedule/ Certificate of Insurance.

For the purpose of this benefit, Accidental Loss of Family Earning means the inability of the Insured Person to work and perform the duties of his/ her primary occupation and losses his/ her source of income generation.

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 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 the Insured Person’s Dependent Child (children) under the age of 25 years as on the date of occurrence (unless specified otherwise), irrespective of whether the Insured Person is disabled or not 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 child, the Insured Person as specified under this benefit shall be divided equally among all eligible dependents.

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 that Injury solely and directly results in the Permanent Total 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 the Insured Person’s Dependent Child (children) under the age of 25 years as on the date of occurrence (unless specified otherwise), irrespective of whether the Insured Person is disabled or not 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 child, the Insured Person as specified under this benefit shall be divided equally among all eligible dependents.
(OTC) medicines shall be payable if opted and specified under the Policy Schedule/ Certificate of Insurance.

ii. Diagnostic tests such as laboratory tests, radiology and pathology, MRI, CAT scan, PET scan.

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, we will pay the Reasonable and Customary Charges incurred towards following Medical expenses incurred by the Insured Person, solely and directly for the Injury, on an Out-patient basis, up to the limit 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. Diagnostic tests such as laboratory tests, radiology and pathology, MRI, CAT scan, PET scan.

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 Sum Insured as specified in the Policy Schedule/ Certificate of Insurance, in respect of the surviving Dependent Parent (single or both parents) of the Insured Person, irrespective of whether the parent is an Insured Person under this Policy. In case of both the parents eligible for the benefit, the Sum Insured will be divided equally amongst both.

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 as specified in the Policy Schedule/ Certificate of Insurance, in respect of the surviving Dependent Parent (single or both parents) of the Insured Person, irrespective of whether the parent is an Insured Person under this Policy. In case of both the parents eligible for the benefit, the Sum Insured will be divided equally amongst both.

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 percentage of Sum Insured as specified in the table below, maximum up to the Sum Insured specified in the Policy Schedule/ Certificate of Insurance:

### Nature of Permanent Partial Disablement

<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 thumb-one phalanx</td>
<td>10%</td>
</tr>
<tr>
<td>xiii. Loss of index finger-three phalanges</td>
<td>10%</td>
</tr>
<tr>
<td>xiv. Loss of index finger-two phalanges</td>
<td>8%</td>
</tr>
<tr>
<td>xv. Loss of index finger-one phalanx</td>
<td>4%</td>
</tr>
<tr>
<td>xvi. Loss of middle/ming/little finger-three phalanges</td>
<td>6%</td>
</tr>
<tr>
<td>xvii. Loss of middle/ming/little finger-two phalanges</td>
<td>4%</td>
</tr>
<tr>
<td>xviii. Loss of middle/ming/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 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 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.

54. Accidental Permanent Partial 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 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 cash benefit as per the limit in the table below and as specified in the Policy Schedule/ Certificate of Insurance:

### Nature of Permanent Partial Disablement

<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>
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<td>50%</td>
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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 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.

55. Accidental Permanent Total 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 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:

### Nature of Permanent Total Disablement

<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. Total and irrecoverable loss of hearing in both ears and loss of one Limb/ loss of sight in one eye</td>
<td>50%</td>
</tr>
<tr>
<td>iii. Total and irrecoverable loss of hearing in both ears</td>
<td>50%</td>
</tr>
<tr>
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</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 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 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 will 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, within 365 days from the date of the Accident, we will pay the cash benefit as per the limit as specified in the Policy Schedule/ Certificate of Insurance.
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, We will pay the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance, towards the reasonable costs incurred to re-train the Insured Person for an alternative occupation other than the business of the Policyholder or elsewhere.

56. Accident Road Ambulance 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, in respect of the widowed Spouse of the Insured Person, irrespective of whether the Spouse is an Insured Person under this Policy.

57. Accident Spouse Cash 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 reasonable costs actually incurred to re-train the Insured Person for an alternative occupation other than the business of the Policyholder or elsewhere.

62. Accident Temporary Total 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 Temporary Total Disablement 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 the Remarried Spouse of the Insured Person, irrespective of whether the Spouse is an Insured Person under this Policy.

63. 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 that Injury solely and directly results in death of the Insured Person, 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, towards the reasonable costs of rehabilitation.

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 disability of the Insured Person, however the Insured Person is capable to take up an alternate occupation which requires training. We will pay the reasonable and customary Charges for the rehabilitation of the Insured Person as specified in the Policy Schedule/ Certificate of Insurance, towards the reasonable costs incurred to re-train the Insured Person for 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 disability of the Insured Person, however the Insured Person is capable to take up an alternate occupation which requires training. We will pay the reasonable and customary Charges for the rehabilitation of the Insured Person as specified in the Policy Schedule/ Certificate of Insurance, towards the reasonable costs incurred to re-train the Insured Person for an alternative occupation other than the business of the Policyholder or elsewhere.

66. Accident Road Ambulance 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, provided the necessity of use of an Ambulance must be certified by the treating Medical Practitioner.

67. Accident Road Ambulance 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, We will pay the Reasonable and Customary Charges incurred towards transportation of the Insured Person by a registered healthcare or Ambulance service provider to a Hospital for treatment in case of an Emergency, necessitating his/her admission to the Hospital. The necessity of use of an Ambulance must be certified by the treating Medical Practitioner.

The benefit will be paid up to the limits as specified in the Policy Schedule/ Certificate of Insurance.

68. Accidental Spouse 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 reasonable costs actually incurred to re-train the Insured Person for an alternative occupation other than the business of the Policyholder or elsewhere.

69. Accident Temporary 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 Temporary 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, in respect of the widowed Spouse of the Insured Person, irrespective of whether the Spouse is an Insured Person under this Policy.

70. 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 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 reasonable costs actually incurred to re-train the Insured Person for an alternative occupation other than the business of the Policyholder or elsewhere.

71. Accident Temporary 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 Temporary 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 reasonable costs actually incurred to re-train the Insured Person for an alternative occupation other than the business of the Policyholder or elsewhere.

72. Accident Temporary Total 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 Temporary 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 reasonable costs actually incurred to re-train the Insured Person for an alternative occupation other than the business of the Policyholder or elsewhere.

73. 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 the Permanent Total Disablement, Permanent Partial Disablement or mental disability of the Insured Person, however the Insured Person is capable to take up an alternate occupation which requires training. We will pay the reasonable and customary Charges for the rehabilitation of the Insured Person as specified in the Policy Schedule/ Certificate of Insurance, towards the reasonable costs incurred to re-train the Insured Person for an alternative occupation other than the business of the Policyholder or elsewhere.

Section B – Medclaim

1. Hospitalisation 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 death of the Insured Person, 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, towards the reasonable charges for accommodation in ICU/CCU/HUDU, operation theatre cost, Medical Practitioner fees, specialist fee, Surgeon’s fee, Anaesthetist fee, Radiologist fee, Assistant Surgeon fee, Qualified Nurses fee, Medication, Cost of diagnostic tests as an In-patient, 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 that which is specified in the Policy Schedule/ Certificate of Insurance,
If an Insured Person is diagnosed to be suffering from an Illness opted under the Policy, this benefit is payable up to the limit as specified in the Policy Schedule / Certificate of Insurance.

**i. Pre Hospitalisation**

We will pay the Pre-hospitalisation Medical Expenses of an Insured Person which are incurred immediately prior to the Insured Person’s date of Hospitalisation or Day Care Treatment (if opted ) up to the limits as specified in the Policy Schedule / Certificate of Insurance, provided that the claim is admissible under ‘Hospitalisation’ and the Pre-hospitalisation Medical Expenses are related to the same Illness/ Injury. The date of admission to the Hospital for the purpose of this Benefit shall be the date of the Insured Person’s first admission to the Hospital in relation to any one Illness/injury.

**ii. Post Hospitalisation**

We will pay the Post-hospitalisation Medical Expenses of an Insured Person which are incurred immediately post discharge of the Insured Person from the Hospital or Day Care Treatment (if opted) up to the limits as specified in the Policy Schedule / Certificate of Insurance, provided that the claim is admissible under ‘Hospitalisation’ and the Post-hospitalisation Medical Expenses are related to the same Illness/ 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 Illness/injury.

**2. Hospitalisation Benefit**

If 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 Sum Insured in case of In-patient Hospitalisation, 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.

**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 complete period of Hospitalisation incurred immediately post discharge of the Insured Person from the Hospital or Day Care Treatment (if opted) up to the limits 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.

**4. Air 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, We will transport the Insured Person to and from healthcare facilities during an Emergency, within India, unless specified otherwise.

**5. Cost of Support Items Benefit**

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

| a) | Maintaining daily record of the patients and making them accessible to the insurance company’s authorized representative. |
| b) | The Insured Person survives for at least the survival period, specified under the Policy. |
| c) |The Illness, which the Insured Person is suffering from, occurs or first manifests itself during the Policy Period as a first incidence; and |
| d) | 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: |
| e) | The condition of Coma is confirmed by a specialist Medical Practitioner in writing. |
| f) | The Coma does not result from alcohol/ drug abuse. |

**6. AYUSH In-patient Hospitalisation 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 the Hospitalisation of the Insured Person for availing AYUSH Treatment, We will pay the Medical Expenses, provided that:

1. Admission date of the Hospitalisation is within the Policy Year.
2. The Insured Person has undergone AYUSH Treatment in a;
   | i) | Central or State Government AYUSH Hospital; or |
   | ii) | Teaching hospitals attached to AYUSH College recognized by Central Government Council of Indian Medicine and Central Council of Homeopathy, or |
   | iii) | AYUSH Hospital, standalone or co-located with 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 at least one 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. |

The following exclusions will be applicable in addition to the other Policy exclusions:

- Facilities and services availed for pleasure or recreation or as a preventative aid, like beauty treatments, Panchakarma, purification, detoxification and rejuvenation etc.

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

**7. Benefit on diagnosis**

If an Insured Person is diagnosed to be suffering from an Illness opted under the Policy, while the Policy is in force, We will pay the Sum Insured as specified in the Policy Schedule / Certificate of Insurance provided that:

- The Illness, which the Insured Person is suffering from, occurs or first manifests itself during the Policy Period as a first incidence; and
- The Insured Person survives for disease/ injury survival period, specified under the Policy, from the date of diagnosis of the Illness; and
- Upon Our admission of the first claim under this Section in respect of an Insured Person in any Policy Period, the cover under this Section shall automatically terminate in respect of that Insured Person, unless specified otherwise; and
- Our total and cumulative liability for an Insured Person under this Benefit will be limited to the Sum Insured.

For the purpose of this Policy, Illness means any illness, medical event or Surgical Procedure as specifically defined under the Policy, whose first diagnosis or manifestation first commences/occurs after commencement of the Policy Period, post completion of the diagnosis waiting period, specified under the Policy.

**8. Care at Home Services**

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 is/are not able to return to his/her/their home, 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.

Home care services (as opted and specified in Policy Schedule / Certificate of Insurance):

- Physiotherapy at home, as prescribed by the treating Medical Practitioner.
- Nursing attendance, by a nurse qualified to treat the Insured Person, 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).

**9. 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 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:

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

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

**10. 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 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:

- The diagnosis of Coma by a Medical Practitioner is supported by all of the following: |
  - a) no response to external stimuli continuously for at least 96 hours; |
  - b) life support measures are necessary to sustain life; and |
  - c) permanent neurological deficit which is assessed at least 30 days after the onset of the Coma; |

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

**11. 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 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 in the Policy Schedule towards:

- The purchase of support items; artificial limbs, crutches, strecher, 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;
- Additional isevings expenses incurred for special or imported medicines or for blood transfusion for treatment or Surgery due to the Illness/ Injury, provided that the treatment is availed at a specialized or Dedicated Care Centre in India including an on-patient basis or for Day Care Treatment.

**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 solo and direct impact of that Illness/ Injury the Insured Person requires support items, prescribed by a Medical Practitioner, We will pay the Insured Person as specified in the Policy Schedule towards:

- The purchase of support items; artificial limbs, crutches, stretcher, 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;
- Additional isevings expenses incurred for special or imported medicines or for blood transfusion for treatment or Surgery due to the Illness/ Injury, provided that the treatment is availed at a specialized or Dedicated Care Centre in India including an on-patient basis or for Day Care Treatment.

**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 solo and direct impact of that Illness/ Injury the Insured Person requires support items, prescribed by a Medical Practitioner, We will pay the Insured Person as specified in the Policy Schedule towards:

- Reasonable and Customary Charges for the purchase of support items artificial limbs, crutches, stretcher, 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;
- Reasonable and Customary Charges for additional isevings expenses incurred for...
14. Dependent Children Benefit

If during the Policy Year, the insured suffers an Illness/ Injury due to an Accident, caused by an event/peril covered under the policy and 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 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 event (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 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 suffers an Illness/ Injury due to an Accident, caused by an event/peril covered under the policy and Illness/ Injury (within 365 days from the date of the Accident) 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 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 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.

16. Education Fund Benefit

If during the Policy Year, the Insured suffers an Illness/ Injury due to an Accident, caused by an event/peril covered under the policy and 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 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 in 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 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.

17. Education Fund Cash

If during the Policy Year, the Insured suffers an Illness/ Injury due to an Accident, caused by an event/peril covered under the policy and 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 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 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.

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, that occurs during 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 cost of transporting the Insured Person to the nearest facility capable, within India, (unless specified otherwise) of providing adequate medical care.

We will not be liable to pay for any penalty or arrears which may have accumulated due to delayed or missed flight dates or to the date of accident.

19. 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 Illness/ Injury solely and directly results in the Permanent Total Disablement or Permanent 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 or 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.

20. 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 Illness/ Injury solely and directly results in the Permanent Total Disablement or Permanent Partial Disablement of the Insured Person or the Insured Person is diagnosed with a Critical Illness or a Terminal illness, We will pay the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance towards travelling, boarding & lodging of the Insured Person.

21. Family Counselling 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 Illness/ Injury solely and directly results in the Permanent Total Disablement or Permanent 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 or 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 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 Illness/ Injury solely and directly results in the Permanent Total Disablement or Permanent Partial Disablement of the Insured Person or the Insured Person is diagnosed with a Critical Illness or a Terminal illness, We will pay the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance towards travelling, boarding & lodging of the Insured Person.

23. Family Counselling Coverage

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 Illness/ Injury solely and directly results in the Permanent Total Disablement or Permanent 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 or 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.

24. Family Transportation Allowance Coverage

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 Illness/ Injury solely and directly results in the Permanent Total Disablement or Permanent Partial Disablement of the Insured Person or the Insured Person is diagnosed with a Critical Illness or a Terminal illness, We will pay the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance towards travelling, boarding & lodging 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 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, We will pay the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance towards travelling, boarding & lodging of the Insured Person.

26. Follow up Medical Trip 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 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, We will pay the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance towards travelling, boarding & lodging of the Insured Person.

27. Home Evacuation 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 Illness/ Injury solely and directly results in severe trauma and/or advised amputation, We will also pay towards the cost of treatment of any or all Immediate Family Members of the Insured Person who accompanies 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 Exclusions

• 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.

28. Home Evacuation Coverage

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 Illness/ Injury solely and directly results in severe trauma and/or advised amputation, We will also pay towards the cost of treatment of any or all Immediate Family Members of the Insured Person who accompanies him during the period of such treatment.

The benefit is payable up to the limit as specified in the Policy Schedule/ Certificate of Insurance.
For the purpose of this Section, “activities of daily living” means:

- Bathing: 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.

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 Palliative Care Treatment or OPD treatment of the Insured Person and any associated reasonable costs for accommodation, nursing care, prescribed medicines, physical and psychological care, up to the limit as specified in the Policy Schedule/ Certificate of Insurance.

30. 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 Sum Insured, as specified under the Policy Schedule/Certificate of Insurance in respect of Insured Person’s palliative care or hospice care for Hospitization, 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.

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 Reasonable and Customary costs associated with the palliative care or hospice care for Hospitization, 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.

33. Loss of Earning 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 Reasonable and Customary costs associated with the palliative care or hospice care for Hospitization, 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.

34. Loss of Earning 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 inability to perform ‘activities of daily living’, We will pay the cash benefit up to the limit as specified in the Policy Schedule/ Certificate of Insurance.

35. Loss of Family Earning

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 up to the limit as specified in the Policy Schedule/ Certificate of Insurance.

36. Marriage Benefit for Dependent Children

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 up to the limit as specified in the Policy Schedule/ Certificate of Insurance.

37. Medical Appliances 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 up to the limit as specified in the Policy Schedule/ Certificate of Insurance.

38. Medical Appliances 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 inability to perform ‘activities of daily living’, We will pay the cash benefit up to the limit as specified in the Policy Schedule/ Certificate of Insurance.

39. Medical Second Opinion Cover

If during the Policy Year, the Insured Person suffers a Critical Illness, terminal Major Disablement, Permanent Partial Disablement, Temporary Total Disablement or Terminal Illness, notified by the Insured Person or by the Insured Person’s Medical Practitioner, We will pay the cash benefit up to the limit as specified in the Policy Schedule/ Certificate of Insurance.

40. Medical Second Opinion Benefit

If during the Policy Year, the Insured Person suffers a Critical Illness, terminal Major Disablement, Permanent Partial Disablement, Temporary Total Disablement or Terminal Illness, notified by the Insured Person or by the Insured Person’s Medical Practitioner, We will pay the cash benefit 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, caused by an event/peri 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.

42. Modification Allowance Benefit
If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident, caused by an event/peri 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/peri 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.

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/peri covered under the policy. We will pay the cost incurred towards the modification, up to the limit as specified in the Policy Schedule/Certificate of Insurance.

45. Parent Benefit
If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident, caused by an event/peri covered under the policy. We will pay the sum insured as specified in the Policy Schedule/Certificate of Insurance.

46. Parent Cash
If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident, caused by an event/peri 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.

47. Permanent Partial Disablement Benefit
If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident, caused by an event/peri 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 Insured payable unless specified otherwise.

<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>25%</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>
</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, 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/peri 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 cash benefit as specified in the table below and as specified in the Policy Schedule/Certificate of Insurance.

<table>
<thead>
<tr>
<th>Nature of Permanent Partial Disablement</th>
<th>Percentage of the Sum Insured payable unless specified otherwise</th>
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</thead>
<tbody>
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<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>
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<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>
</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, 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.

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/peri 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.

<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 both eyes</td>
<td>100%</td>
</tr>
<tr>
<td>ii. Loss by physical separation or total and permanent loss of use of both hands or both feet</td>
<td>100%</td>
</tr>
<tr>
<td>iii. Loss by physical separation or total and permanent loss of use of one hand and one foot</td>
<td>50%</td>
</tr>
<tr>
<td>iv. Total and irrecoverable loss of sight in one eye and loss of a Limb</td>
<td>100%</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 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; 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 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, caused by an event/peri covered under the policy and that Illness/Injury solely and directly results in the Permanent Total Disablement or Permanent Partial Disablement or mental disability of the Insured Person, however the Insured Person is capable to take up an alternate occupation which requires training, We will pay the expenses up to the limit as specified in the Policy Schedule/ Certificate of Insurance towards the reasonably costs actually incurred to re-train the Insured Person for an alternative occupation either in the business of the Policyholder or elsewhere.

55. Road Ambulance Benefit
If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident, caused by an event/peri covered under the policy and the Insured Person is transported by 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.

56. Road Ambulance Cover
If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident, caused by an event/peri covered under the policy and that Illness/Injury solely and directly results in the Permanent Total Disablement or 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 Policy Schedule/Certificate of Insurance.

57. Spouse Benefit
If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident, caused by an event/peri 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 (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 the widowed Spouse of the Insured Person, irrespective of whether the Spouse is an Insured Person under this Policy.

58. Spouse Cash
If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident, caused by an event/peri 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 (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 the widowed Spouse of the Insured Person, irrespective of whether the Spouse is an Insured Person under this Policy.

59. Temporary Total Disablement Benefit
If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident, caused by an event/peri 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 Accident, 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, Temporary Total Disablement means a disablement of an Insured Person such that he/she is partially disabled from engaging in any employment or business for a temporary period and a disability certificate is issued by a civil surgeon or the equivalent appointed by the Dist/State or Government Board.

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/peri 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 Accident, if caused due to Accident), We will pay the cash benefit to the limit as 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 3: Surgery
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 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.

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

ii. Charges for accommodation in ICU/CCU/HIDU;

iii. Operation theatre cost;

iv. Medical Practitioner fees;

v. Specialist fee;

vi. Surgeon’s fee;

vii. Anesthesiologist fee;

viii. Radiologist fee;

ix. Pathologist fee;

x. Assistant Surgeon fee;

xi. Qualified Nurses fee;

xii. Medication;

xiii. Cost of diagnostic tests as In-patient,

xiv. Surgical Appliances and/or Medical Appliances.

If the Insured Person is admitted in a room where the room category or the Room Rent incurred is higher than that which is as specified in the Policy Schedule/Certificate of Insurance, then the Policyholder/Insured Person shall bear a reasonable proportion of the total cost of Associated Medical Expenses (including surcharge or taxes thereon) 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 specifically otherwise.

51. Rehabilitation Benefit
If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident, caused by an event/peri covered under the policy and that Illness/Injury solely and directly results in the Permanence Total Disablement, 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 Policy Schedule/Certificate of Insurance.

52. Rehabilitation Cover
If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident, caused by an event/peri covered under the policy and that Illness/Injury solely and directly results in the Permanent Total Disablement, Permanent Partial Disablement or mental disability of the Insured Person, We will provide a cash benefit as per the limit as specified against this cover in the Policy Schedule/Certificate of Insurance.

53. Re-training Expenses Benefit
If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident, caused by an event/peri covered under the policy and that Illness/Injury solely and directly results in the Permanent Total Disablement, Permanent Partial Disablement or mental disability of the Insured Person, however the Insured Person is capable to take up an alternate occupation which requires training, We will pay the expenses up to the limit as specified in the Policy Schedule/Certificate of Insurance towards the reasonably costs actually incurred to re-train the Insured Person for an alternative occupation either in the business of the Policyholder or elsewhere.

54. Re-training Expenses
If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident,
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.

8. Surgery Education Fund 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 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.

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

9. Surgery Education Fund 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 that Illness/ Injury solely and directly results in the Permanent Total Disablement of the Insured Person, We will pay the Surgery Education Fund Cash 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 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.

10. Surgery EMI Protection
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 that Illness/ Injury solely and directly results in the Permanent Total Disablement, Permanent Partial Disablement, or coma Post Surgery of the Insured Person and the event completely prevents the Insured Person from performing any daily task pertinent to his/ her employment, engaging in occupation for a minimum period of one month. In such an event, We will pay the Surgery EMI Protection linked in commensurately to EMI Protection for the insured linked loan account, up to the limit as specified in the Policy Schedule/Certificate of Insurance.

Under this Benefit the liability of the Company shall cease once the Insured Person engages in the same or any alternative occupation.

We will not be liable to pay for any penalty or arrears which may have accumulated due to delayed or missed EMI’s prior to the date of accident.

11. Surgery Family Counselling 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 Permanent Total Disablement, Permanent Partial Disablement causing mental trauma to any individual Immediate Family Members of the Insured Person, We will pay the expenses up to the limit as specified in the Policy Schedule / Certificate of Insurance towards the psychiatric counselling of the immediate family members of such Insured Person who have provided the family members receive such counselling on an out-patient basis in a Hospital.

12. Surgery Family Counselling 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, which results in Permanent Total Disablement, Permanent Partial Disablement or coma Post Surgery of the Insured Person and in the Policy Schedule / Certificate of Insurance towards the psychiatric counselling of the immediate family members of such Insured Person who have provided the family members receive such counselling on an out-patient basis in a Hospital.

13. Surgery Family Transportation Allowance 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, in a Hospital which is situated at a distance of at least 100 kilometres from his actual residence and the attending Medical Practitioner recommends the personal attendance of an Immediate Family Member, We will pay the expenses up to the limit as specified in the Policy Schedule / Certificate of Insurance towards transportation of any one Immediate Family Member of the Insured Person to the place of Hospitalisation of the Insured Person.

14. Surgery Family Transportation Allowance 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, which results in Permanent Total Disablement, Permanent Partial Disablement or coma Post Surgery of the Insured Person, We will pay the expenses up to the limit as specified in the Policy Schedule / Certificate of Insurance towards transportation by one or one way first-class railway ticket in a licensed common carrier to the place of Hospitalisation of the Insured Person.

15. Surgery Follow up Medical Trip 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 that Illness 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, We will pay the Sum Insured as specified in the Policy Schedule/Certificate of Insurance towards travelling, boarding & lodging of the Insured Person.
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 cash benefit towards the 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 as defined by a Medical Practitioner who treated the Insured Person and any associated reasonable costs for accommodation, nursing care, prescribed medicines and physical and psychological care.

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 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.

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 cash benefit towards the 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 as defined by a Medical Practitioner who treated the Insured Person and any associated reasonable costs for accommodation, nursing care, prescribed medicines and physical and psychological care.

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 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.

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 cash benefit towards the 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 as defined by a Medical Practitioner who treated the Insured Person and any associated reasonable costs for accommodation, nursing care, prescribed medicines and physical and psychological care.

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 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.

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 cash benefit towards the 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 as defined by a Medical Practitioner who treated the Insured Person and any associated reasonable costs for accommodation, nursing care, prescribed medicines and physical and psychological care.

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 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.
The Insured Person understands and agrees that he/she can exercise the option to secure the following Benefits during the Policy Year, if during the Policy Year, the Insured Person is diagnosed with a Critical Illness, Permanent Total Disablement, Permanent Partial Disablement or Temporary Total Disablement.

- **Surgery Medical Second Opinion Cover**
  - If the Insured Person is advised by the treating medical practitioner to use asthma pumps, blood glucose monitors, crutches, wheel chair, walker, walking stick, nebulizer, catheter, thermometer, BP monitor, infusion pump, or conduct any 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 expert opinion under this cover shall be limited to covered conditions and shall not be valid for any medico legal purposes.
  - 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.

- **Surgery Medical Second Opinion Cover**
  - If the Insured Person is advised by the treating medical practitioner to use asthma pumps, blood glucose monitors, crutches, wheel chair, walker, walking stick, nebulizer, catheter, thermometer, BP monitor, infusion pump, or conduct any 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 expert opinion under this cover shall be limited to covered conditions and shall not be valid for any medico legal purposes.
  - 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.

31. Surgery Modification Allowance 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 suffers Permanent Total Disablement, Permanent Partial Disablement, Critical Illness or Terminal Illness, also if Post Surgery, 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 Insured as specified in the Policy Schedule / Certificate of Insurance.

32. Surgery Permanent Partial 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 Partial Disablement 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 Insured as specified in the Policy Schedule / Certificate of Insurance:

<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>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 irrecoverable loss in both ears</td>
<td>50%</td>
</tr>
<tr>
<td>Total and irrecoverable loss in one ear</td>
<td>15%</td>
</tr>
<tr>
<td>Total and irrecoverable 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 phalax</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 phalax</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 phalax</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 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 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.

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 thereby.

33. Surgery Permanent Partial 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 Partial Disablement 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 table below and as specified in the Policy Schedule / Certificate of Insurance:

<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>Total and irrecoverable loss in one eye</td>
<td>50%</td>
</tr>
<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 irrecoverable loss in both ears</td>
<td>50%</td>
</tr>
<tr>
<td>Total and irrecoverable loss in one ear</td>
<td>15%</td>
</tr>
<tr>
<td>Total and irrecoverable 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 phalax</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 phalax</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 phalax</td>
<td>2%</td>
</tr>
</tbody>
</table>
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 (in which case 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 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. 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 (in which case 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 cash benefit as per the limit as specified in the Policy Schedule / Certificate of Insurance.

Nature of Permanent Total Disablement

Total and irreversible loss of sight in both eyes

 Loss by physical separation or total and permanent loss of use of both hands or both feet

 Total and irreversible loss of sight in one eye and loss of a Limb

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

 Total and irreversible 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 any description whatsoever which results in Loss of Independent Living

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 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. 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 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 per the limit 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 per the limit 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.

Section D – Travel

38. Surgery Re-Training Expenses 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, Permanent Partial 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.

39. Surgery Re-Training Expenses 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 suffers Permanent Total Disablement, Permanent Partial Disablement or mental disability, however the Insured Person is capable to take up an alternate occupation which requires training, We will pay the expenses up to the limit 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.

40. Surgery Road Ambulance Benefit

If during the Policy Year, the Insured Person suffers an Illness/ Injury due to an Accident and that Illness/ Injury solely and directly requires the Hospitalisation of the Insured Person to undergo a Surgical Procedure, covered under the Policy and suffers Permanent Total Disablement or Permanent Partial Disablement, We will pay the Sum Insured as specified in the Policy Schedule / Certificate of Insurance, for such Medical Expenses towards transportation of the Insured Person by a registered healthcare or Ambulance service provider to a Hospital for Emergency Surgery, necessitating his/her admission to the Hospital.

The benefit will be paid up to the limit as specified in the Policy Schedule / Certificate of Insurance.

41. Surgery Spouse Benefit

If during the Policy Year, the Insured Person suffers an Illness/ Injury due to an Accident and that Illness/ Injury solely and directly requires the Hospitalisation of the Insured Person to undergo a Surgical Procedure, covered under the Policy and suffers Permanent Total Disablement or Permanent Partial Disablement, We will pay the Sum Insured as 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.

42. Surgery Spouse Cash

If during the Policy Year, the Insured Person suffers an Illness/ Injury due to an Accident and that Illness/ Injury solely and directly requires the Hospitalisation of the Insured Person to undergo a Surgical Procedure, covered under the Policy and suffers Permanent Total Disablement or Permanent Partial Disablement, We will pay the cash benefit up to the limit as specified against this cover 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.

43. Surgery Temporary 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 requires the Hospitalisation of the Insured Person to undergo a Surgical Procedure, covered under the Policy and suffers Temporary Total Disablement, We will pay the cash benefit up to the limit as specified in the Policy Schedule / Certificate of Insurance for such Medical Expenses towards rehabilitation.

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 or business for remuneration or profit, of any description whatsoever on a temporary basis a disability certificate is issued by a civil surgeon or the equivalent appointed by the District, State or Government Board.

44. Surgery Temporary 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 requires the Hospitalisation of the Insured Person to undergo a Surgical Procedure, covered under the Policy and suffers Temporary Total Disablement, We will pay the cash benefit up to the limit as specified in the Policy Schedule / Certificate of Insurance for such Medical Expenses towards rehabilitation.

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 or business for remuneration or profit, of any description whatsoever on a temporary basis a disability certificate is issued by a civil surgeon or the equivalent appointed by the District, State or Government Board.

45. Surgery Accidental Death

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 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.
2. Accidental Death-Only Adventure 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:

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.
3. 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:

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.
3. The Injury causing death is due to an Accident arising out of the Insured Person’s engagement in any Professional / 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 Accident-Common Carrier Cover

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 Accident 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 Medical Necessity from Treatment of the Insured Person and admission date of Hospitalisation is within the Policy year, and requires hospitalisation, then the Company shall cover/indeem the Medical Expenses incurred, on the recommendation of a Medical Practitioner, up to the 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.
v. Specialist fee.
vi. Surgeon’s fee.
ix. Anaesthesiologist fee.
xii. Radiologist fee.
ixiii. Pathologist fee.
ixiv. Assistant Surgeon fee.
xvi. Qualified Nurses fee.
xvii. Medicaide.
ixviii. Cost of diagnostic tests as an In-patient.
xix. 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 one specified in the Policy Schedule/Certificate Of Insurance, then the Policyholder/Insured Person shall bear a reasonable proportion of the Total Associated Medical Expenses (including surcharge or taxes thereon) in the proportion of the difference between the Room Rent charged for the 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 prevention or restoration of the previous state of health of the Insured Person, 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 specified under the Policy Schedule / Certificate of Insurance.

6. Travel Accident 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 Hospitalisation, provided that the purpose of Hospitalisation is to avail Medical Necessity from 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 Accident 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 Medical Necessarily from 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 Alternate Employee/Substitute Employee appointed by the Company/EASP. Any costs incurred thereby shall be borne by the Company.

b. To authorize the attending Medical Practitioners providing treatment or giving expert opinion, and any other concerned Medical Practitioner, organization or entity to supply the Company with any information that may be deemed necessary by the Company to assess the condition of the Insured Person.

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

Specific Exclusions:
The Company shall not be liable to make any payment for any claim under this Section 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 disability.
2. Any damage to health caused by conscious measures, radiation, infection, poisoning except as insured in same as 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 claim resulting directly or indirectly, caused by, contributed to or aggravated or prolonged by childbirth, maternity or pregnancy or any complication thereof, venereal disease or infertility.

11. Alternate Employee/Substitute Employee Expenses Benefit

If the Company has accepted a claim (with respect to Travel benefits) towards the Injury, Illness of an Insured Person where that Illness or Injury (if applicable) has resulted in the Insurance’s return to Place of Origin or death before the completion of work assignment as per the travel itinerary stated in his/her main travel booking. We will pay the Company, as specified in the Policy Schedule / Certificate of Insurance, towards Emergency Medical Evacuation or Repatriation of Mortal Remains, in case of death of the Insured Person and economy tier airfare necessarily incurred by the Policyholder for sending an employee with similar qualifications and experience to complete the business assignment that would otherwise have been completed by the Insured Person on the Trip.

This Benefit shall be payable subject to the following:

i. In the event of PPD and PDT, the Insured Person will be under the following obligations:
   a. To have himself/herself examined by a panel of empanelled Medical Practitioners appointed by the Company/EASP.
   b. To authorize the attending Medical Practitioners providing treatment or giving expert opinion, and any other concerned Medical Practitioner, organization or entity to supply the Company with any information that may be deemed necessary by the Company to assess the condition of the Insured Person.

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

Specific Exclusions:
The Company shall not be liable to make any payment for any claim under this Section 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 disability.
2. Any damage to health caused by conscious measures, radiation, infection, poisoning except as insured in same as 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 claim resulting directly or indirectly, caused by, contributed to or aggravated or prolonged by childbirth, maternity or pregnancy or any complication thereof, venereal disease or infertility.

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 upgradeation of accommodation booking to a superior class of accommodation, wherever an alternate accommodation booking provided with proof that the alternate accommodation was not available at the price of the original...
accommodation 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, at the sole instance of the accommodation provider due to overbooking, We will then pay the Sum Insured, as specified in the Policy Schedule / Certificate of Insurance. The benefit is payable subject to the following conditions:

a) Expenses incurred towards transportation of the Insured Person to an alternative place of 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, we will pay the Sum Insured, as specified in the Policy Schedule / Certificate of Insurance, towards any alternate travel bookings in reaching the next Port at which the Common Carrier shall dock for the same Cruise. The benefit is payable up to the limit specified in the Policy Schedule / Certificate of Insurance.

18. Baggage Delay Cover
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 the police or any applicable public authorities, for any causes beyond our control, arising from the affected location.

23. Baggage Delay Benefit
In the event of a claim arising from a delay due to an Accident or breakdown on the motorway or thoroughfare, We will pay the reasonable costs necessarily incurred towards any alternate accommodation booking and travel booking in reaching the next Port at which the Common Carrier shall dock for the same Cruise. 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 in an Insured Person, whilst on a Cruise, which causes the Insured Person to be confined/quarantined by a Medical Practitioner to his/her own cabin/medical ward on board the Common Carrier, We will pay the Sum Insured towards cost of on-shore excursions booked in advance forming 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.

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 costs necessarily incurred towards any alternate travel bookings in reaching the next Port at which the Common Carrier shall dock for the same Cruise. 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 Sum Insured towards cost incurred against any alternate travel bookings in reaching the next Port at which the Common Carrier shall dock for the same Cruise. The benefit is payable up to the limit specified in the Policy Schedule / Certificate of Insurance.

The benefit is 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 the police or any applicable public authorities, for any causes beyond our control, arising from the affected location.

3. The Company is provided with the purchase of toiletries, medication and clothing exceeding the limit as specified in the Policy Schedule/Certificate of Insurance.

4. We will pay the reasonable costs necessarily incurred towards any alternate accommodation booking and travel booking in reaching the next Port at which the Common Carrier shall dock for the same Cruise. The benefit is payable up to the limit specified in the Policy Schedule / Certificate of Insurance.

5. In the event of a claim arising from a delay due to an Accident or breakdown on the motorway or thoroughfare, We will pay the Sum Insured towards cost incurred against any alternate travel bookings in reaching the next Port at which the Common Carrier shall dock for the same Cruise. 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, if all applicable covers 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 claim 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).

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 the police or any applicable public authorities, for any causes beyond our control, arising from the affected location.

2. The Company is provided with the purchase of toiletries, medication and clothing exceeding the limit as specified in the Policy Schedule/Certificate of Insurance.

3. The Company is provided with the purchase of toiletries, medication and clothing exceeding the limit as specified in the Policy Schedule/Certificate of Insurance.

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 a claim arising from a delay due to an Accident or breakdown on the motorway or thoroughfare, We will pay the Sum Insured towards cost incurred against any alternate travel bookings in reaching the next Port at which the Common Carrier shall dock for the same Cruise. 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, if all applicable covers 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) Valuables, Money, any kind of securities and tickets/passes or any other item not considered to be Cash or other Security as agreed by the Company.
  b) 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.
  c) Any partial loss of the items contained within the Check-in Baggage.
  d) Losses arising from any delay, detention, confiscation by the customs officials or other public authorities.
  e) Any delay while the Insured Person is in Place of origin.

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, We will pay the Sum Insured towards cost incurred against any alternate travel bookings in reaching the next Port at which the Common Carrier shall dock for the same Cruise. The benefit is payable up to the limit specified in the Policy Schedule / Certificate of Insurance.

2. The Company is provided with the purchase of toiletries, medication and clothing exceeding the limit as specified in the Policy Schedule/Certificate of Insurance.

3. The Company is provided with the purchase of toiletries, medication and clothing exceeding the limit as specified in the Policy Schedule/Certificate of Insurance.

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.
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 Checked-in Baggage from the actual arrival time of the Common Carrier at the Insured Person’s Intended Destination.

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

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

25. Baggage Delay Cash

In the event of delay in scheduled 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 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 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 ending with the return of the Insured Person back to the Place of Origin, or any other Port in India along with all hall and restrictions included in the original 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 the arrival of the Checked-in Baggage from the actual arrival time of the Common Carrier at the Insured Person’s Intended Destination.

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

3. 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 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.
     2. Any partial or total loss of the items contained within the Checked-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 Checked-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 expenses incurred in respect of any anesthetic treatment of a natural tooth or teeth or of any Insured Person necessitated due to such injury/injury unless undertaken during the Trip Duration. 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. Any Pre-existing Condition and/or any complications arising from it.
     2. Cerebral or fixation of a tooth or tooth bridges.
     4. Treatment of orthopaedic, degenerative or oncological diseases.
     5. Rest or recapping of 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.

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 expenses incurred in respect of any anesthetic treatment of a natural tooth or teeth or of any Insured Person necessitated due to such injury/injury unless undertaken during the Trip Duration. 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 Pre-existing Condition and/or any complications arising from it.
2. Cerebral or fixation of a tooth or tooth bridges.
4. Treatment of orthopaedic, degenerative or oncological diseases.
5. Rest or recapping of 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).

28. Travel Emergency Accommodation Cover

If an Insured Person’s intended place of accommodation, in the Place of visit, is renders unhygienic 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 shall be of a similar and comparable class and standard.

29. Travel Emergency Accommodation Cash

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

30. Emergency Accommodation (Corporate) Cover

In the event 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 medical consultation and treatment 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 alternate 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 operating.

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.

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 as specified under the Policy Schedule / Certificate of Insurance, towards 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.

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 reasonable costs incurred by the prescribed transportation of the Insured Person, by air or surface, to a Medically Necessary Treatment to a place of treatment in the Place of Visit / Place of Origin or to the 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 certified 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, or and one or more of family, friends, Immediate Family Member or colleague accompanying the insured person would be payable, if it is certified in writing as being medically necessary by an empanelled Medical Practitioner at the request 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 to the Insured Person, up to the limit as specified in the Policy Schedule / Certificate of Insurance.
38. **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 Medical Treatment of the Insured Person, We will pay the following Medical Expenses incurred, as per the limit specified in the Policy Schedule / Certificate of Insurance:

1. In-patient treatment and/or Day Care treatment in a local Hospital at the Place of visit 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 Appliances, Surgeon Fee and Implant charges), Anesthesia services, 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 concern 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 as 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.

39. **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.

40. **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, daciti, or pilferage of Money of the Insured Person in the Place of visit, We will coordinate 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. The benefit is payable subject to Hospitalisation for Emergency Care only.

41. **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. A shortage in or loss of Money due to currency fluctuation, errors, omissions, theft, mugging, robbery, daciti, or pilferage of Money of the Insured Person in the Place of visit.
2. Delayed arrival of the Insured Person or Travelling Companion
3. 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.
4. Any strike, riots, industrial action at the Port or relating to the Common Carrier.

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 insurance company of the Common Carrier, provided the delay is due to the following:

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.

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 insurance company of the Common Carrier, provided the delay is due to the following:

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

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 insurance company of the Common Carrier, provided the delay is due 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.

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 insurance company of the Common Carrier, 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 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 eligibility 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. This 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 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 one limb</td>
<td>100%</td>
</tr>
<tr>
<td>Total and irrecoverable loss of hearing in both ears or loss of speech</td>
<td>60%</td>
</tr>
<tr>
<td>Total and irrecoverable loss of hearing only - both ears</td>
<td>60%</td>
</tr>
<tr>
<td>Loss of thumb - both phalanges</td>
<td>25%</td>
</tr>
<tr>
<td>Loss of index finger -three 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 functional 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, the 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 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 consequential loss or damage cost or expense of whatsoever nature.
5. Any claim resulting, directly or indirectly, caused by, contributed to or aggravated or prolonged by childbirth, maternity or pregnancy or any complication thereof, venereal disease or insanity.

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, iron, smart suitcase, pocket sized washing machine portable Wi-Fi, hotspot or power bank, travel drone, smart phone gimbal, travel vacuum, Bluetooth speaker, flash light, video recording sun glasses, hi-tech foot warmers, smoke detector, breathalyser, computer, germ eliminating travel wand, escalator, 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 quality as the item in question 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.
• Any loss or damage caused to the 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.

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 Checked-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.

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.

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/original equipment manufacturer.
• Mobile phone being left unattended by the Insured Person.
• Mobile phone in any Checked-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.
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:

• Any Theft of Mobile Phone after 5 years from the date of its original purchase from a retailer/wholesaler/optional equipment manufacturer.
• Mobile Phone being left unattended by the Insured Person.
• Mobile Phone parked 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 Document

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 24 hours of the incident or written report not obtained from Police
b) Any loss arising from any delay, detention or confiscation by customs officers, police or other public authorities.
c) Any loss arising from due to document being left unattended or forgotten by the Insured Person in the public place or public transport, hotel or apartment.

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 way attributable to any of the following:

i. any change of route, non-landing / docking, or offloading of passengers due to overbooking,
ii. any way attributable to any of the following:

• Item packed in any Checked-In Baggage
• Item being left unattended by the Insured Person.

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, 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:

1. Any loss not reported to the police having jurisdiction at the place of loss within 24 hours of the occurrence of the incident and a written report being obtained for the same.
2. Any claim made on or after return of the Insured Person back to Place of Origin.

55. Missed Connection Cover

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, We will pay towards the Insured Person the following expenses and subject to the limit, as specified in the Policy Schedule / Certificate of Insurance:

a. Reasonable expenses towards alternate travel bookings made up to such Intended Destination as may be absolutely necessary by any other Common Carrier.

b. Reasonable and necessary costs of upgradation of travel booking to a superior class in the same form of Common Carrier.

c. Necessary expenses incurred towards Reasonable Additional Expenses.

d. Reasonable and necessary costs of accommodation arrangements provided in cases where only partial services are provided by the concerned travel provider.

e. Any expenses incurred towards bookings made for any missed Event, including any sightseeing or entertainment programmes, sports matches and any organized games.

For the purpose of this Benefit, “Event” means any official sporting occasion, music concert, exhibition, educational/cultural tour, cinema, theatre, theme park or military display, or a visit to any other tourist attraction where admission is only by way of tickets sold in advance.

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-landing / docking, or offloading of passengers due to overbooking, and provided that any such delay or cancellation is not caused due to an act or omission of the Insured Person, We will pay towards the Insured Person the following expenses and subject to the limit, as specified in the Policy Schedule / Certificate of Insurance:

a. Reasonable expenses towards alternate travel bookings made up to such Intended Destination as may be absolutely necessary by any other Common Carrier.

b. Reasonable and necessary costs of upgradation of travel booking to a superior class in the same form of Common Carrier.

c. Necessary expenses incurred towards Reasonable Additional Expenses.

d. Reasonable and necessary costs of accommodation arrangements provided in cases where only partial services are provided by the concerned travel provider.

e. Any expenses incurred towards bookings made for any missed Event, including any sightseeing or entertainment programmes, sports matches and any organized games.

For the purpose of this Benefit, “Event” means any official sporting occasion, music concert, exhibition, educational/cultural tour, cinema, theatre, theme park or military display, or a visit to any other tourist attraction where admission is only by way of tickets sold in advance.

57. Overbooked Flight Cover

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.

The details and confirmation of such denied boarding must be obtained and verified in writing by the Common Carrier or travel provider, or concerned agents.

58. 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.

The details and confirmation of such denied boarding must be obtained and verified in writing by the Common Carrier or travel provider, or concerned agents.

59. Travel Permanent Partial 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 directly results in Permanent Partial Disablement 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 toes</td>
<td>5%</td>
</tr>
<tr>
<td>v. Loss of toes other than, 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>15%</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 phalange</td>
<td>10%</td>
</tr>
<tr>
<td>xiii. Loss of index finger-three phalanges</td>
<td>10%</td>
</tr>
<tr>
<td>xiv. Loss of index finger-two phalanges</td>
<td>8%</td>
</tr>
<tr>
<td>xv. Loss of index finger-one phalange</td>
<td>4%</td>
</tr>
<tr>
<td>xvi. Loss of middle/little finger-three phalanges</td>
<td>6%</td>
</tr>
<tr>
<td>xvii. Loss of middle/little finger-two phalanges</td>
<td>4%</td>
</tr>
<tr>
<td>xviii. Loss of middle/little finger-one phalange</td>
<td>2%</td>
</tr>
</tbody>
</table>

The Benefits specified above will be payable subject to the following:

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), digital(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. In the event 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.
Nature 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 per foot | 2%
vi. Total and irrecoverable loss of hearing in both ears | 50%
vii. Total and irrecoverable loss of hearing in one ear | 15%
viii. Total and irrecoverable loss of speech | 50%
ix. Loss of four fingers and thumb of one hand | 40%
x. Loss of four fingers | 30%
xii. Loss of thumb-both phalanges | 25%
xiii. Loss of thumb—one phalanx | 10%
xiv. Loss of index finger-three phalanges | 10%
xv. Loss of index finger-two phalanges | 8%
xvi. Loss of index finger-one phalanx | 4%
xvii. Loss of middle/fingertip finger-three phalanges | 5%
xviii. Loss of middle/fingertip finger-two phalanges | 4%
xix. Loss of middle/fingertip finger-one phalanx | 2%

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 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 disability is permanent at the end of this period;
3. 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.
4. If the Insured Person suffers a loss that is not of the nature specified in the table above, within 365 days from the date of the Accident, We will pay the Sum Insured, as specified in the Policy Schedule / Certificate of Insurance.

Nature of Permanent Total Disablement | Percentage of the Sum Insured payable
--- | ---
Total and irrecoverable loss of sight in both eyes | 100
Loss by physical separation or total and permanent loss of use of both hands or both feet | 100
Loss by physical separation or total and permanent loss of use of one hand and one foot | 100
Total and irrecoverable loss of hearing in both ears and loss of one Limb/loss of sight in one eye | 100
Total and irrecoverable loss of hearing in both ears and loss of speech | 100
Total and irrecoverable loss of speech and loss of one Limb/loss of sight in one eye | 100
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 any description whatsoever | 100

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:
1. 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;
2. 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 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, then no amount will be payable under this Benefit; however, benefit under Accidental Death shall become payable in lieu of this benefit, if opted.
4. Once a claim has been accepted and paid under this Benefit then the Insured Person’s insurance cover under this section will lapse.

Nature of Permanent Total Disablement | Percentage of the Sum Insured payable
--- | ---
Total and irrecoverable loss of sight in both eyes | 100
Loss by physical separation or total and permanent loss of use of both hands or both feet | 100
Loss by physical separation or total and permanent loss of use of one hand and one foot | 100
Total and irrecoverable loss of sight in one eye and loss of one Limb | 100
Total and irrecoverable loss of hearing in both ears and loss of one Limb/loss of sight in one eye | 100
Total and irrecoverable loss of hearing in both ears and loss of speech | 100
Total and irrecoverable loss of speech and loss of one Limb/loss of sight in one eye | 100
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 any description whatsoever | 100

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:
1. 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;
2. 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 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, then no amount will be payable under this Benefit; however, benefit under Accidental Death shall become payable in lieu of this benefit, if opted.
4. Once a claim has been accepted and paid under this Benefit then the Insured Person’s insurance cover under this section will lapse.

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:
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, misdemeanour 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 thereto, 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.

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.
64. Travel Repatriation of Mortal Remains Cover

In the event of the death of the Insured Person due to any Insured Event under this Policy in a Place of visit whilst on a Trip, We will pay the Sum Insured, as specified in the Policy Schedule / Certificate of Insurance, towards transporting the mortal remains of the Insured Person back to Place of Origin or the costs incurred towards a local burial or cremation in the place where the death occurred.

65. Travel Repatriation of Mortal Remains Benefit

In the event of the death of the Insured Person due to any Insured Event under this Policy in a Place of visit whilst on a Trip, We will pay the Sum Insured, as specified in the Policy Schedule / Certificate of Insurance, towards transporting the mortal remains of the Insured Person back to Place of Origin or the costs incurred towards a local burial or cremation in the place where the death occurred.

66. Travel Return of minor children Cover

If an Insured Person contracts an Illness or suffers an Injury due to an Accident in a Place of visit whilst on a Trip, We will pay the following expenses in relation to a Minor Dependent Child to the Place of Origin:

1. Expenses incurred on travel bookings for return of the Minor Dependent Child to the Place of Origin.

2. Expenses incurred on travel bookings for transportation of an Immediate Family Member, relative or any other attendant reasonably deemed to be required for the safety and welfare of the Minor Dependent Child, to the Place of visit and return to Place of Origin.

Minor Dependent Child means a child of the Insured Person whether natural or legally adopted, who is (i) less than age 18 years (or as specified in Policy Certificate) as of the commencement of the Trip and (ii) does not have his/her independent source of income and is financially dependent on the Insured Person.

This Benefit shall be payable subject to the following:

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

2. The Company’s liability under this Benefit, in respect of any one claim or all claims made under this Benefit during the Period Of Insurance, shall be restricted to two Minor Dependent Child(ren), and shall always be subject to the Sum Insured as specified in the Policy Schedule / Certificate of Insurance.

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

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

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

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

67. Travel Return of minor children Benefit

If an Insured Person contracts an Illness or suffers an Injury due to an Accident in a Place of visit whilst on a Trip, We will pay the following expenses in relation to a Minor Dependent Child to the Place of Origin:

1. Expenses incurred on travel bookings for return of the Minor Dependent Child to the Place of Origin.

2. Expenses incurred on travel bookings for transportation of an Immediate Family Member, relative or any other attendant reasonably deemed to be required for the safety and welfare of the Minor Dependent Child, to the Place of visit and return to Place of Origin.

Minor Dependent Child means a child of the Insured Person whether natural or legally adopted, who is (i) less than age 18 years (or as specified in Policy Certificate) as of the commencement of the Trip and (ii) does not have his/her independent source of income and is financially dependent on the Insured Person.

This Benefit shall be payable subject to the following:

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

2. The Company’s liability under this Benefit, in respect of any one claim or all claims made under this Benefit during the Period Of Insurance, shall be restricted to two Minor Dependent Child(ren), and shall always be subject to the Sum Insured as specified in the Policy Schedule / Certificate of Insurance.

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

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

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

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

68. Loss of Baggage Cover

In the event of the 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 Insured Person, the Market Value of such Checked-in Baggage up to the limit, as specified in the Policy Schedule / Certificate of Insurance.

For the purpose of this Benefit, “Market Value” refers to the sum required to purchase new items of the same kind and quality as those contained in the Checked-in Baggage, less an amount representing wear and tear, depreciation and usage at the time of the loss.

The cover is applicable to 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 from the Common Carrier 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 bag 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 Place of Origin.

6. Any Checked-in Baggage loss while the Insured Person is in Place of Origin.
the event of any occurrence likely to cause the Trip Cancellation/Interuption, 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 trip is at the Insured Person’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 partial Trip Cancellation at the travel provider or Port operator’s instance due to any reasons or perils not covered under the Trip Cancellation/Interuption definition.

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

6. 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 owner, proprietor, Majority Shareholder and Director of the said company.

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

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

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

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

Trip Cancellation and Interruption Benefit

In the event of a Trip Cancellation/Interuption, We will pay the Sum Insured, as specified in the Policy Schedule/ Certificate of Insurance.

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

1. The Insured Person’s place of residence, or place of business or intended accommodation in the Place of visit being rendered uninhabitable due to fire, catastrophe or any other natural calamity/ disease.

2. Inclement Weather in the Place of Origin or Interim Destination.

3. The Insured Person and/or his Immediate Family Member falling victim to a Felonious Assault within 10 days of the commencement of Trip, provided that he/she or any immediate Family Member is not an accomplice or an accessory in such Felonious Assault.

4. If an Insured Person and/or his Immediate Family Member suffers an illness or Injury, not more than 24 hours after the commencement of the trip and who directly and reasonably results in Hospitalisation of the Insured Person and/or death, Hospitalisation is confirmed by any medical authority, and the Insured Person’s next of Kin for more than 24 hours or is declared as ‘Not fit to Travel’, by a Medical Practitioner. However, We shall not be liable to make any payment under this Benefit, if such illness or injury occur or are first diagnosed prior to the travel bookings.

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 Trip due to the Insured Person’s trip being disrupted.

This Benefit shall be payable subject to the following:

1. It is a Condition Precedent to the Company’s liability under this Benefit that in the event of any occurrence likely to cause the Trip Cancellation/Interuption, 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.

2. 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.

3. In case of any partial Trip Cancellation/Interuption, i.e. if only one or two Insured Persons’ journey is cancelled or delayed no partial charges of expenses incurred on accommodation bookings will be payable.

4. If the situation in the Place of Origin and/or at the Intended Destination becomes normal against the travel advisory or curfew imposed earlier by the respective government authority, or if the same is withdrawn by government authority before the commencement of the Trip, and this information is available from a reliable source in the public domain through any form of communication, the Company shall not be liable for any claim in respect of such Trip Cancellation/Interuption.

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

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

3. Any Trip Cancellation/Interuption due to any event which the Insured Person could have reasonably avoided or planned for ahead in time.

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

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

6. 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 owner, proprietor, Majority Shareholder and Director of the said company.

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

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

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

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

Trip Curtailment Benefit

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 next of Kin, and are not recoverable from any other source. The benefit is payable up to the limit as specified in the Policy Schedule/ Certificate of Insurance, due to one of the Occurrences specified below:

a. Any unforeseen death, disability (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 Cure 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 are either paid by the Insured Person or contracted to be paid by the Insured Person. The benefit is payable if claim arises due to the occurrence of circumstances specified below:

a. Any unforeseen death, disability (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 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, We will pay the Reasonable Additional Expenses incurred on temporary accommodation and emergency purchases of toiletries, medication and clothing, up to the limit as 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
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 loss due to 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.

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 damaged Golf Equipment to the Common Carrier or travel provider immediately on the occurrence of the incident.

e. If the claim involves a part of a set 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 until recovered, and shall subrogate the same to the Company at the time of settlement of claim.

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.

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, from the scheduled time of the Common Carrier at the Port.

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.

77. Trip Delay Cash

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, from the scheduled time of the Common Carrier at the Port.

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 in is 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.

78. Golf Equipment Cover

In the event of theft or damage to the Insured Person’s own or hired Golf Equipment in a Place of visit whilst on a Trip. We will pay the Market Value of such Golf Equipment, up to the limit, as specified in the Policy Schedule / Certificate of Insurance.

For the purpose of this Benefit, “Market Value” refers to the amount required to purchase new Golf Equipment of the same kind and quality as those damaged or stolen due to Theft, less an amount representing wear and tear and depreciation as per the age of such Golf Equipment, and usage at the time of the loss.
We will not be liable to make any payment in respect of Orthodontic Treatment, routine check-up and dental implants.

Alternative Treatments (as opted and specified in Policy Schedule/ Certificate of Insurance):

We will pay the Reasonable and Customary charges incurred towards following care taken by the Insured Person on an Out-patient basis up to the limits specified in the Policy Schedule/ Certificate Of Insurance.

v. Homeopathy
vi. Ayuveda.

Impaired 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 towards following care taken by the Insured Person on an Out-patient basis up to the limit 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. 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 Disenbalement, Permanent Partial Disenbalement, Temporary Total Disenbalement, 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 health.

Health Coaching-
We will pay the Reasonable and Customary charges for expenses incurred towards specialist consultations for Diet and Nutrition management, Physical 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 or/and 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 accepted of ordinary competence and skill.

We will not be liable to make any payment in respect of Orthodontic Treatment, routine check-up and dental implants.

We will not be liable to make any payment in respect of Orthodontic Treatment.

For the purpose of this Section, “Oral Health Care” includes the following:

i. Bite registration, precision or semi-precision attachments.
ii. Prosthodontic appliances or services whose main purpose is to:
   - Change vertical dimensions; or
   - Diagnose or treat conditions or dysfunction of the temporo-mandibular joint; or
   - Stabilise periodontally involved teeth; or
   - Restore occlusion; or
   - 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. Chiroprapy and Chiropractic
iv. Homeopathy
v. Osteopathy,
vi. Auyveda.

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.

We will not be liable to make any payment in respect of Orthodontic Treatment, routine check-up and dental implants.

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

We will not be liable to make any payment in respect of Orthodontic Treatment, routine check-up and dental implants.

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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 reason 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, urine/urine proteins, 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 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 examination, commonly known as a smear test, 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 Digital Rectal Screening
We will pay the Reasonable and Customary Charges in respect of an Insured Person for annual colorectal 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
• Participating in Programs sponsored by Us and worksite or online/offline health initiatives
• Health Check Up

We will inform You/Insured Person regarding the programs/professional services 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.

Earning 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 manner:

• 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 illness. The Reward Points may be awarded on adherence to health check-up schedule , maintenance of health i.e. if test results are with in 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 You/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 on his/her registered email ID or address.

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 solely and directly results in the 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 Insurance 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 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...
termite in respect of that Insured Person.

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 Injured 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

| Total and irrecoverable loss of sight in both eyes | 100% |
| Loss by physical separation or total and permanent loss of use of both hands or both feet | 100% |
| Loss by physical separation or total and permanent loss of use of one hand and one foot | 100% |

31. Premium Waiver benefit in case of Permanent Partial Disablement

If during the Policy Year, the Policyholder who is also an 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 demonstrate the degree of disability.

a. 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.

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.

• This Benefit will be available for those Insured Persons who have already exhausted their Sum Insured limit subject to per Insured Person's family limit as mentioned in the Policy Schedule.

• This Benefit will be restricted to Individual/ family/ Illness/ amount specified in the Policy Schedule in respect of each and every Insured Person's family, as opted.

• 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.

• Any Benefit accrued under this cover cannot be carried forward to the subsequent Policy Year.

• 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.

• This Benefit will be available for those Insured Persons who have already exhausted their Sum Insured limit subject to per Insured Person's family limit as mentioned in the Policy Schedule/ Certificate of Insurance.

• 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's family, as opted.

• 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.

• Any Benefit accrued under this cover cannot be carried forward to the subsequent Policy Year.

• 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 times in a Policy Year as per the option selected and specified in the Policy Schedule/ Certificate Of Insurance, provided that:

i. The Insured Person inclusive of earned Cumulative Bonus (if any) is insufficient as a result of previous claims in that Policy Year.

• The Restored Sum Insured will not be considered while calculating the Cumulative Bonus (if opted).

• If the Policy is issued on an Individual basis, the Restored Sum Insured will be available to each Insured Person.

• 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.

• 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.

• Any Cumulative Bonus that has accrued for a Policy Year will be credited at the end of the Policy Year if the policy is renewed with us within grace period and will be available for any claims made in the subsequent Policy Year.

• 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 lowest percentage of Cumulative Bonus applicable under the lowest Sum Insured of the last policy year amongst all the expiring policies being merged.

• Splitting of policies: If the Insured Persons in the expiring Policy are covered on a

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For the purpose of this Benefit,

Limbs 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 date of the Accident.

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.

e. The Benefit payable will be over and above the Base Sum Insured.

For the purpose of this Benefit,

Limbs 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 date of the Accident.

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.

e. The Benefit payable will be over and above the Base Sum Insured.

For the purpose of this Benefit,

Limbs 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 date of the Accident.

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.

e. The Benefit payable will be over and above the Base Sum Insured.

For the purpose of this Benefit,

Limbs 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 date of the Accident.

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.

e. The Benefit payable will be over and above the Base Sum Insured.
If the Benefit is in force, Our liability under the Base and/or Optional Covers will specify the applicable Deductible under the Policy Schedule/ Certificate of Insurance.

• Limit basis date of Travel/ date of pregnancy/ date of delivery/ date of start of first cover/ date of membership. No advance notice of member's date of delivery will be required.

• Limit basis Gazette rate or Government sponsored medicare rate or lower/ higher of both; We will cover cost of Non Payable Items, listed under List 1 of Annexure I of the Policy, under one or multiple benefits/ covers; • 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/ covers/ policies; • Limit on Claim payout basis: Reimbursement, Cashless, Pre-authorised, Network, Co-payment, Deductible on per event/ per claim/ Aggregate of claim/ per visit/ Area of Cover;

• Policy Schedule/ Certificate of Insurance since the Inception Date of the first Policy or coverage for the Insured Person.

• Any pregnancy/ any child born under the Base Cover, opted Co-pay percentage, shall be borne by the Insured Person.

• Policy Schedule/ Certificate of Insurance since the Inception Date of the first Policy or coverage for the Insured Person.

• Requirement in Sum Insured. If the Sum Insured has been reduced at the time of the renewal the Cumulative Bonus shall be calculated on the revised Sum Insured on pro-rata basis.

• Initial Waiting Period for Hospitalisation

• 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 commencement/ occurrence within the Waiting Period specified in the Policy Schedule/ Certificate of Insurance since the Inception Date of the cover.

• 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 commencement/ occurrence within the Waiting Period specified in the Policy Schedule/ Certificate of Insurance since the Inception Date of the cover.

• Till the time of Renewal the Cumulative Bonus shall be calculated on the Sum Insured in a Policy Year.

• The Penalty for not complying with the above terms and conditions is the if the Policy is found to be non-compliant.

• 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.

• 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/ covers/ policies; • Limit on Claim payout basis: Reimbursement, Cashless, Pre-authorised, Network, Co-payment, Deductible on per event/ per claim/ Aggregate of claim/ per visit/ Specified Area basis/ Member level PPN/ Selective Hospitals (Deductible can also be opted in duration from 1 hour to 30 days).

• Any surgery covered in the Policy Schedule/ Certificate of Insurance.

• Policy Schedule/ Certificate of Insurance since the Inception Date of the first Policy or coverage for the Insured Person.

• Maximum limit on out of pocket expenses against Co-pay/ deductible/ limits etc.

• Any surgery covered in the Policy Schedule/ Certificate of Insurance.

• The Penalty for not complying with the above terms and conditions is the if the Policy is found to be non-compliant.
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- Excl01
   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.
   b. In case of enhancement of sum insured the exclusion shall apply aresh to the extent of sum insured increased.
   c. If the Insured Person is continuously covered without any break as defined under the portability 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 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 aresh to the extent of sum insured increased.
   c. If any of the specified disease/procedure falls under the waiting period specified for pre-existing 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 or 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- Code- 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, orthodontic treatment, dentures or Surgery of any kind unless necessitated due to an Accident and requiring minimum 24 Hours Hospitalisation. Treatment related to gum disease or tooth disease or damage unless related to irreparable bone disease involving the jaw which cannot be treated in any other way, unless opted under the Policy.

6. Circumcision unless necessary for Treatment of an Illness or Injury not excluded hereunder due to an Accident.

7. Sterility and Infertility- Code: Excl 17
   Expenses related to 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 sterilization

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 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 (ARC) and all Illness / Injury caused by and/or related to HIV.

11. Diet supplement and substances that can be purchased without prescription, including but not limited to Vitamins, 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 bed rest 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 territorially ill to address physical, social, emotional and spiritual needs.

13. External Congenital Anomaly or defects, inherited disorders or any complications or conditions arising therewith from including any developmental conditions of the Insured Person.

14. Unproven Treatments: Code- Excl 16

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- harm, suicide or attempted suicide (whether same or Ioine).)

17. Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds registered as a treatment program by any Covered under the Policy.

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 against appearance for an enhancement 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 a medical necessity, 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 or to change characteristics of the body by transplantation of body parts.

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/Procedure 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 30 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 Type2 Diabetes

22. Treatment received outside India, unless specified in the Policy.

23. Investigation & Evaluation- Code- Excl04
   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 necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountain climbing, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

26. All illness/expenses caused by ionizing radiation 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 expenses 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 naval, military or air-force operation, civil war, public defense, rebellion, revolution, insurrection, military or usurper power, activation in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority.

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 11

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 or 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 about 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 Our risk under the Policy, if Not accepted and endorsed by Us on the Policy Schedule/ Certificate of Insurance.
   ii. Working in underground mines, tunneling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel, or engaged in Hazardous Activities.

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;
   ii. Any Congenital Anomalies or any consequence thereof.
   iii. Any claim arising out of the Schedule of benefits in so far as they involve in Adventure Sports, the training or participation in competitions of Professional or Semi- Professional Sportspersons.
   iv. Treatment which could reasonably delayed until the Insured Person’s return to Place of Origin. The question of what can or cannot be reasonably delayed will be decided jointly by the treating Medical Practitioner, EASP and the Company, and shall be in accordance with accepted standards of medical care.
   v. Any changes in excess of any Reasonable and Customary Charges incurred for an emergency treatment on account of an Insured Event.
   vi. Medical Expenses incurred towards the Insured Person when he/ she is outside the Area of Cover specified under the Policy Schedule/ Certificate of Insurance.
   vii. Issue of medical certificates and examinations as to suitability for employment or travel

32. Existing diseases disclosed by the Insured Person (in line with Chapter IV, Guidelines on
IX. Claims procedure
Processing of claims for Cashless facility and/or reimbursement and providing access to the Network Provider will be through Our TPA/Service Provider.
A TPA/Service Provider will be used for accessing Network Providers and for facilitating claim processing.
(a) The updated applicable list of Network Providers is available on the TPA’s website. Details of applicable Network Providers may also be obtained from the TPA’s call center. In advance of availing Cashless Facility from a Network Provider, the updated list may be checked to ensure that the Network Provider can provide Cashless facility in respect of the Treatment required by the Insured Person.
We, in our sole discretion, reserve the right to modify, add or restrict any Network Provider for providing Cashless benefits under the Policy. Before availing a Cashless facility, the Policyholder / Insured Person is required to check the applicable/latest list of Network Providers on the TPA’s/Service Provider’s or Our website or by calling the TPA’s/Service Provider’s or Our call centre.

1. Condition Precedent
The fulfilment of the terms and conditions of this Policy (including the realisation of premium by their respective due dates) in so far as they relate to anything to be done or complied with by You/Insured Person, or any person acting on their behalf, including complying with the following steps, shall be Condition Precedent to the admissibility of a claim.

(a) Follow the directions, Medical Advice or guidance provided by a Medical Practitioner.
(b) 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 for the realisation of the premium.
(c) The Network Provider shall send the pre-authorisation form along with all the relevant details for the Treatment to Us in accordance with the process described above.
(d) The Insured Person shall at least 3 days prior to admission to the Hospital approach the respective Network Provider for accessing Network Providers and for facilitating claim processing.
(e) Upon the occurrence of an Illness / Injury or any other contingency that may give rise to a claim under this Policy, the Insured Person shall:
   i. Forthwith intimate, file and submit the claim form and documents as prescribed in accordance with the procedure set out below.
   ii. Follow the directions, Medical Advice or guidance provided by a Medical Practitioner.
   iii. 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 for the realisation of the premium.
   iv. The Network Provider shall send the pre-authorisation form along with all the relevant details for the Treatment to Us in accordance with the process described above.
   v. Wherever the information provided in the request is sufficient to ascertain the authorisation of the claim, its circumstances and its quantum under the provisions of the Policy.

(f) Claim Intimation
Upon the occurrence 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/Our TPA Service Provider either at the call centre or in writing and shall undertake the following:
   i. In the case of Planned Hospitalisation - The Insured Person will intimate such admission at least 3 days prior to the planned date of admission.
   ii. In the case of Emergency Hospitalisation - The Insured Person will intimate such admission within 48 hours of such admission but not later than discharge from the Hospital.
   iii. 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.

(g) Follow the directions, Medical Advice or guidance provided by a Medical Practitioner.
(h) 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 for the realisation of the premium.
(i) The Network Provider shall send the pre-authorisation form along with all the relevant details for the Treatment to Us in accordance with the process described above.

(h) Submission of Claim Documents
The Network Provider shall 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 –
   i. Claim Form duly filled and signed
   ii. Original pre-authorisation request
   iii. Copy of pre-authorisation approval letter (s)
   iv. Copy of photo ID of Insured Person verified by the Hospital
   v. Original copy of consultations
   vi. Original discharge/death summary
   vii. Operation theatre notes (if applicable)
   viii. Original Hospital main bill and break up bill
   ix. Original investigation reports, X Ray, MRI, CT Films, HPE, Reports confirming the extent of fracture
   x. Medical Practitioner’s reference slips for investigations/medicine
   xi. Original pharmacy bills, prescriptions, and invoices
   xii. MLCIFIR report/post mortem report/ Missing report (if applicable and conducted)
   xiii. Bills from registered service provider
   xiv. Certificate from the treating doctor certifying the cause and severity of Coma (if applicable)
   xvi. Customer Service Request to Our nominated Medical Practitioner as often as We consider reasonable and necessary for the realisation of the premium.
   xvi. Procedure in case of Permanent Total Disability/ Permanent Partial Disability Benefit (if applicable):
   (a) 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.
   (b) Original treatment Medical Practitioner’s certificate describing the disability.
   (c) Original Discharge summary from the Hospital.
   (d) Photograph of the Insured Person reflecting the disability.
   (e) Copies of Medical records, investigation reports, if admitted to hospital
   (f) Additional documents in case of Permanent Total Disability/ Permanent Partial Disability Benefit (if applicable):
• Additional documents in case of Temporary Total Disability Benefit (if applicable): a) Leave/ Absence Certificate from Employer in case of salaried employees b) Latest Salary slip or certificate from employer specifying the remuneration, in case of salaried employees.

We may require Income Proof documents to be submitted on a case to cases basis.

Last 3 months’ Salary Slip/ Form 16 for salaried persons

- Last financial years ITR for self-employed persons

If the Insured/Dependent (wherever applicable) is not a tax Assesse the insured can submit Bank Statement of last 3 years as proof.

- In case of self-employed Insured Persons, Last income tax returns filed by the Insured Person with the income tax department

We may call for any additional documents as required based on the circumstances of the claim. There can be instances where we may deny Cashless facility for pre-authorization due to insufficient Sum Insured or insufficient information to determine admissibility in which case the Insured Person may be required to pay for the Treatment and submit the claim for reimbursement to Us which will be considered subject to Policy Terms and Conditions.

We, at Our sole discretion, reserve the right to modify, add or restrict any Network Provider for Cashless facilities available under the Policy. Before availing the Cashless facility, You / Insured Person should check 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 for 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 main bill in original
- Hospital break up bills
- Investigation reports
- Original investigation reports, X Ray, MRI, CT scans, HPE, ECG
- Medical Practitioner’s reference slip for investigation
- Pharmacy bills, prescription and invoices
- MLC/ FIR report, post mortem report if applicable and conducted
- KYC documents in original (proof of address, proof of photo, recent passport size photograph)
- Cancelled cheque with name for NEFT payment
- Payment receipt
- Death summary, death certificate, if applicable
- Bills from registered service providers

We may call for any additional documents/information as required based on the circumstances of the claim wherever 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 required above, the Insured Person will also be asked to provide with the Network Provider whether the pre-authorization has been utilised as well as whether the Insured Person has settled all the dues with the Network Provider. Once such check and declaration is received from the Network Provider, the case will be processed.

The Pre-hospitalisation Medical Expenses and Post-hospitalisation Medical Expenses claims shall be processed after decision of the main Hospitalisation claim.

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 years as proof.

We shall provide you with a reasonable opportunity to correct the deficiency within 10 days, thereafter.

We shall also meet such deficiency and inform the Insured Person/Network Provider of such deficiency.

We shall settle the claim payable amount after putting to the claim documents without scrutiny the documents excluding the deficiency intimated to You.

We may, at Our sole discretion, decide to deduct the amount of claim for which deficiency is intimated to Insured Person and settle the claim if we observe that such a claim is otherwise valid under the Policy.

If the claim is intimated to Us in the subsequent 10 days of the date of discharge from the Hospital, We shall refund the amount payable under the Policy.

In case a pre-authorization claim is received when a pre-authorisation letter has been issued, before providing such a check will be conducted with the Network Provider whether the pre-authorization has been utilised as well as whether the Insured Person has settled all the dues with the Network Provider. Once such check and declaration is received from the Network Provider, the case will be processed.

The Pre-hospitalisation Medical Expenses and Post-hospitalisation Medical Expenses claims shall be processed after decision of the main Hospitalisation claim.

7. Claim Assessment

We will pay the fixed amount as specified in the applicable Base or Optional cover in accordance with the terms of this Policy.

For Benefit claims, if lump sum Pay out is opted then full Sum Insured will be paid at one time and the claim will be settled.

We are not liable to make any payments that are not specified in the Policy. We will assess all admissible claims under the Policy in the following progressive order –

i. If a room/Intensive Care Unit accommodation has been opted for where the rent or category is higher than the eligibility limit for that Insured Person under the Policy, then, the Insured Person shall bear the ratable proportion of the Medical Expenses (including surcharge or tax) if any applicable) as specified in the Policy Schedule/ Certificate Of Insurance in the proportion of the difference between Room Rent of the entitled room category/eligible Room Rent to the maximum allowed as per the Policy Terms excluding medical charges and consumables which shall be paid on actuals.

ii. If any Sub Limit on Medical Expenses are applicable as specified in the Policy Schedule/ Certificate of Insurance, the amount payable by Us after applying (i), and (ii) above.

iv. Co-Payments if any, shall be applicable on the amount payable by Us after applying (i), (ii) and (iii) above.

v. At any given stage, if the Insured Person’s total cost sharing amount under (iv) above is equal to the opted Out of Pocket Maximum (OPM) limit, no further deductions will apply subsequent to the Sum Insured available for specific benefits (if applicable) and in any case not greater than the Sum Insured available under the Policy.

The claim amount assessed under (i), (ii), (iii), (iv), and (v) above will be deducted from the following amounts in the following progressive order after applying Sub Limit:

i) Opted Deductible (Corporate/ Per claim/ Aggregate), & Co-Payments (if opted)
ii) Sum Insured
iii) Cumulative Bonuses (if applicable)
iv) Restored Sum Insured (if applicable)

Corporate Buffer Corporate Buffer for CI only (if applicable)

Claim Assessment for Benefit claims will be carried out if not already done by Us.

We will pay fixed benefit amounts as specified in the Policy Schedule/ Certificate Of Insurance in accordance with the terms of this Policy. We are not liable to make any reimbursements of Medical expenses or pay any other amounts not specified in the Policy.

8. 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 last necessary document. Verification can be carried out, if required, by individuals or entities authorized by Us to carry out such verification/ investigation(s) and the cost of 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.

10. Pre-hospitalisation Medical Expenses and Post-hospitalisation Medical Expenses claims

The Insured Person should submit the Post-hospitalisation Medical Expenses Cover claim documents along with own expense not within 15 days of completion of Post-hospitalisation Treatment or period, or eligible Post-hospitalisation period of coverage, whichever is earlier.

We shall receive Pre-hospitalisation Medical Expenses Cover and Post-hospitalisation Medical Expenses claim documents entitlement in accordance with the Policy Schedule/ Certificate of Insurance.

We may require Income Proof documents to be submitted on a case to cases basis.

In the case of delay beyond stipulated 45 days 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 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 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).

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, Deductibles & Co-payments 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 document 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 beyond stipulated 45 days 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 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).

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 will have no liability to make payment of a claim under the Policy in respect of an Insured Person once the applicable Base 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 for the purpose of 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 apportioned 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 Revision Period, all sub limits and premium instatments shall immediately become due and payable notwithstanding anything 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/ her 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 was availed as per the certificate of insurance.

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 Schedule/ Certificate Of Insurance) 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 shall be paid as a full and final discharge of Our liability under the Policy.

15. Emergency evacuation and repatriation of mortal remains

a. In the event of an Insured Person requiring Emergency evacuation/ repatriation of mortal remains, Insured Person/ Nominee (as applicable), must notify Us immediately either in person or by call centre or in writing.

b. Emergency evacuations shall be pre-authorised by Us.

c. 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 the EAP Specified under the Schedule/ Certificate of Insurance provided by the 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 related 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 under this Policy if any representation made in the application for the Policy or in the event of untrue or incorrect statement, mis-representation, mis-description or non-disclosure of any material particulars in the group proposal form, personal statements, declarations, medical history and connected documents, or 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 in respect of this Policy. Under such circumstances We may at Our sole discretion cancel the Policy and the Premium paid 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) in so far as they relate to anything to be done or completed by You or the Insured Persons, 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 and/or 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 claims/ Benefits to Us under the Policy. If the information given by You for the purposes of the Policy Schedule/ Certificate of Insurance, then such special condition shall have the effect of being or being valid unless approved in writing which will be evidenced by a written endorsement, signed and stamped by Us.

b. We reserve the right to apply additional options, exclusions or to reflect any circumstances that You or 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 insurance 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 shall at Your own expense immediately notify Us of any material change in the risk or risk situation with respect to any Insured Person as defined in the Policy Schedule and/or Certificate of Insurance.

6. Eligibility

To be eligible for coverage under the Policy, the Insured Person must be:

a. A group member / Employee of the Policyholder or non-employer group enrolled member.

b. There is no minimum or maximum Age for entry in to the Policy, however it can be specified.

c. The relationships which may be covered under the Policy are - The Employee/s member’s Spouse, parents, children, sibling, parent-in-laws, sibling-in-laws, grandparents, grandchildren, son in law, daughter in law, uncle, aunt, niece and nephew, etc. (with insurable interest).

d. Mid-term acceptance of New Born Babies as Insured Persons is subject to written notification within 30 days of birth and receipt of the agreed premium within a further 30 days following notification.

e. Renewals will be available for lifetime, provided the Insured Person is still employed with / continues to be a member of the group / Employee of the Policyholder.

f. It is clarified that for the purpose of availing this Policy, the Policyholder shall ensure that the minimum number of Employees/members who will form a group to avail the Benefits under this Policy shall be 1.

g. Travel benefits shall be offered on Single Trip/ Multi Trip (Annual) Basis.

h. Number of days per Trip for Multi Trip Option can be opted from 30 to 90 Days.

i. Premium Payment Frequency available under the policy is: Monthly/ Quarterly/ Half yearly/ Yearly/ Single/ Daily/ Weekly/ Fortnightly, Limited premium paying Term (1 month to 12 months).

j. The Policy provides cover on an individual and/or floater basis.

7. Geography

The geographical scope of this Policy applies to events limited to India except Accidental Death or unless specified under this Policy in a particular Benefit or definition. However, all admitted or payable claims shall be settled in India in Indian rupees.

8. Dispute Resolution

Any dispute 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. 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 for shall be paid to Us if you/ Insured Person/ Dependent discontinues the Policy or make any payment under this Policy. Premium payments under this Policy will be allowed 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.

10. Free Look Period

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 Our official form and 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. Addition & Deletion of a Member

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:

Additions

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

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 or 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 and any 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 a new person being given a new Insured Person 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.

b. You and/or the Insured Person agrees to the changes on or before the Annual Renewal Date.

i. for changes to the list of Benefits, at least 90 days’ notice in writing if allowed as per IRDAI;

ii. for changes to the Policy terms and conditions, or ending the Policy, at least 90 days’ notice in writing.

iii. 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 29 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 Your possession and not specifically informed by You / Insured Person shall not be held to be or to constitute notice to Us.

17. Endorsements

The Policy will allow endorsesments during the Policy Year. Any request for endorsement must be made only in writing. You may, in Our discretion, decide to accept or decline the endorsement which shall be effective from the date of the request received from You, or the date of receipt of premium (for financial endorsesments), whichever is later other than for change in date of birth or gender which will be effective from the date such change is notified to Us. 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 independently 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 his/her claim in terms of any of his/her policies.

1. 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.

2. Claims under other Policy/ies may be made irrespective of the exhaustion of Sum Insured in the earlier chosen Policy / policies

3. If the amount to be claimed exceeds the Sum Insured under a single policy after considering the due claims under the other policies, the Policyholder shall have the right to choose insurers from whom he/she wants to claim the balance amount.

4. Where an Insured Person has policies from more than one insurer to cover the same risk on indemnity basis in various Policies, the Policyholder shall be entitled to indemnify the Hospitalisation costs in accordance with the terms and conditions of the chosen policy.


An Insured Person or group member 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 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 date of 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
22. Cancellation

Request for Cancellation shall be intimated to Us from Your side by giving 15 days' notice in which case the Policy will be terminated.

Policy in force up to | Premium Refund %
--- | ---
1 Year | 70% | 0% | 90% | 30% | 70% | 30% | 60% | 40% | 50% | 50% | 60% | 40% | 50% | 50% | 60% | 40% | 50% | 50% | 60% | 40% | 50% | 50% | 60% | 40% | 50% | 50% | 60% | 40% | 50% | 50% | 60% | 40% | 50% | 50% | 60% | 40% | 50% | 50% | 60% | 40% | 50% | 50% | 60% | 40% | 50% | 50% | 60% | 40% | 50% | 50% | 60% | 40% | 50% | 50% | 60% | 40% | 50% | 50% | 60% | 40% | 50% | 50% | 60% | 40% | 50% | 50% | 60% | 40% | 50% | 50% | 60% | 40% | 50% | 50% | 60% | 40% | 50% | 50% | 60% | 40% | 50% | 50% | 60% | 40% | 50% | 50% | 60% | 40% | 50% | 50% | 60% | 40% | 50% | 50% | 60% | 40% | 50% | 50% | 60% | 40% | 50% | 50% | 60% | 40% | 50% | 50% | 60% | 40% | 50% | 50% | 60% | 40% | 50% | 50% | 60% | 40% | 50% | 50% | 60% | 40% | 50% | 50% | 60% | 40% | 50% | 50% | 60% | 40% | 50% | 50% | 60% | 40% | 50% | 50% | 60% | 40% | 50% | 50% | 60% | 40% | 50% | 50% | 60% | 40% | 50% | 50% | 60% | 40% | 50% | 50% | 60% | 40% | 50% | 50% | 60% | 40% | 50% | 50% | 60% | 40% | 50% | 50% | 60% | 40% | 50% | 50% | 60% | 40% | 50% | 50% | 60% | 40% | 50% | 50% | 60% | 40% | 50% | 50% | 60% | 40% | 50% | 50% | 60% | 40% | 50% | 50% | 60% | 40% | 50% | 50% | 60% | 40% | 50% | 50% | 60% | 40% | 50% | 50% | 60% | 40% | 50% | 50% | 60% | 40% | 50% | 50% | 60% | 40% | 50% | 50% | 60% | 40% | 50% | 50% | 60% | 40|
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 underwrite 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, if 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 to all transactions effected by or through facilities for conducting remote transactions including the internet, world wide web, Electronic data interchange, call centres, teleservice operations (whether voice, video, data or combination thereof) or by means of India at the beginning of the financial year in which network or through 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 adherence 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, which 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 or exclusions and major exclusions shall be made known to the Insured Person.

30. Communication
Any communication or notice 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 the 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 the 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 constitute as an effective 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 shall be subject to a Waiting Period as specified in the Policy Certificate.

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 effective 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 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 /good 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.
   v. If the Insured Person does not comply with this 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 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-payable (if 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 or any Insured Person will or may 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 are or 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 whatever 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 beyond the expiry date of the Policy. 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 %

<table>
<thead>
<tr>
<th>Days</th>
<th>Premium %</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 days</td>
<td>10%</td>
</tr>
<tr>
<td>15 days</td>
<td>12.5%</td>
</tr>
<tr>
<td>25 days</td>
<td>20%</td>
</tr>
<tr>
<td>1 Month</td>
<td>25%</td>
</tr>
<tr>
<td>3 months</td>
<td>50%</td>
</tr>
<tr>
<td>6 months</td>
<td>75%</td>
</tr>
<tr>
<td>More than 6 months</td>
<td>100%</td>
</tr>
</tbody>
</table>

c. Cancellation Clause of Policy is not applicable to such policies.

40. On-duty Cover
For Group 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.manipalcigna.com
      ii. Email: servicesupport@manipalcigna.com
      iii. Toll Free: 1800-102-4462
      iv. Contact No.: +91 22 6170 3600
      v. 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, Rahaee Titanium, Western Express Highway, Goregaon (East), Mumbai- 400063, or email at headcustomercare@manipalcigna.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 Ombudsmans 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.
### CONTACT DETAILS | JURISDICTION
---|---
**AHMEDABAD**
Office of the Insurance Ombudsman, 6th Floor, Jeevan Praakash Bldg, Tilak Marg, Relief Road, Ahmedabad-380 001
Tel.: 079-25051201/2/05936 Email: bimalokpal.ahmedabad@ecoi.co.in
Gujarat, Union territory of Dadra & Nagar Haveli, Daman and Diu.

**BENGALURU**
Office of the Insurance Ombudsman, 24th Main Road, Jeevan Soudha Bldg., JP Nagar, 1st Phase, Ground Floor
Bengaluru – 560 078 Tel.: 080- 25652049 / 25652049 Email: bimalokpal.bengaluru@ecoi.co.in
Karnataka.

**BHOPAL**
Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Mahiya Nagar, Opp. Airtel, Bhopal – 462 003. Tel.: 0755-2766801/202 Fax.: 0755-2766803 Email: bimalokpal.bhopal@ecoi.co.in
Madhya Pradesh and Chhattisgarh.

**BHUBANESHWAR**
Tel.: 0674-2596445/2596603 Fax.: 0674-2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in
Orissa.

**CHANDIGARH**
Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172-2706196/649 Fax.: 0172-2706214 Email: bimalokpal.chandigarh@ecoi.co.in
Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.

**CHENNAI**
Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044-23336604 Fax.: 044-23336648 Email: bimalokpal.chennai@ecoi.co.in
Tamil Nadu and Union territories of Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).

**DELHI**
Tel.: 011-23232481/23213504 Fax.: 011-23230858 Email: bimalokpal.delhi@ecoi.co.in
Delhi.

**GUWAHATI**
Tel.: 0361-23232481/23213504 Fax.: 0361-23230858 Email: bimalokpal.guwahati@ecoi.co.in
Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.

**HYDERABAD**
Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court" A. C. Guards, Lakdi-Ka-Pool, HYDERABAD - 500 004. Tel.: 040-23376599 Email: bimalokpal.hyderabad@ecoi.co.in
Andhra Pradesh, Telangana, Union Territory of Yanam and part of the Territory of Pondicherry.

**JAIPUR**
Tel.: 0141-2740363 Fax: 0141-2740364 Email: bimalokpal.jaipur@ecoi.co.in
Rajasthan.

**ERNAKULAM**
Office of the Insurance Ombudsman, 2nd Floor, CC 27 / 2603, Pulibat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484-2358759/9338 Fax.: 0484-2359336 Email: bimalokpal.ernakulam@ecoi.co.in
Kerala, Lakshadweep, Mahé-a part of Pondicherry.

**KOLKATA**
Tel.: 033-22124360/22124339 Fax: 033-22124311 Email: bimalokpal.kolkata@ecoi.co.in
West Bengal, Sikkim, and Andaman and Nicobar Islands.

**LUCKNOW**
Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow-226 001. Tel.: 0522-2231330 Fax: 0522-2231331 Email: bimalokpal.lucknow@ecoi.co.in

**MUMBAI**
Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Anexe, S. V. Road, Santacruz (W), Mumbai - 400 054.
Tel.: 022-2506552/3 Fax: 022-2506503 Email: bimalokpal.mumbai@ecoi.co.in
Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.

**NOIDA**
Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt. Gautam Buddh Nagar, U.P-201301. Email: bimalokpal.noida@ecoi.co.in

**PATNA**
Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade bldg., Bazar Samiti Road, Bhadurpur, Patna 800006
Tel: 0212-2514250/2514251/2514235 Email: bimalokpal.patna@ecoi.co.in
Bihar, Jharkhand

**PUNE**
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.: 020-25312045 Email: bimalokpal.pune@ecoi.co.in
Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

**UDEYABAD**
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.: 020-25312045 Email: bimalokpal.udeyabud@ecoi.co.in
Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.
### XII. Annexure II – Non Payable Items

#### LIST I – Optional Items

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>BABY FOOD</td>
</tr>
<tr>
<td>2.</td>
<td>BABY UTILITIES CHARGES</td>
</tr>
<tr>
<td>3.</td>
<td>BEAUTY SERVICES</td>
</tr>
<tr>
<td>4.</td>
<td>BELTS/ BRACES</td>
</tr>
<tr>
<td>5.</td>
<td>BUDS</td>
</tr>
<tr>
<td>6.</td>
<td>COLD PACK/ HOT PACK</td>
</tr>
<tr>
<td>7.</td>
<td>CARRY BAGS</td>
</tr>
<tr>
<td>8.</td>
<td>EMAIL/ INTERNET CHARGES</td>
</tr>
<tr>
<td>9.</td>
<td>FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)</td>
</tr>
<tr>
<td>10.</td>
<td>LEGGINGS</td>
</tr>
<tr>
<td>11.</td>
<td>LAUNDRY CHARGES</td>
</tr>
<tr>
<td>12.</td>
<td>MINERAL WATER</td>
</tr>
<tr>
<td>13.</td>
<td>SANITARY PAD</td>
</tr>
<tr>
<td>14.</td>
<td>TELEPHONE CHARGES</td>
</tr>
<tr>
<td>15.</td>
<td>GUEST SERVICES</td>
</tr>
<tr>
<td>16.</td>
<td>CREPE BANDAGE</td>
</tr>
<tr>
<td>17.</td>
<td>DIAPER OF ANY TYPE</td>
</tr>
<tr>
<td>18.</td>
<td>EYELET COLLAR</td>
</tr>
<tr>
<td>19.</td>
<td>SLINGS</td>
</tr>
<tr>
<td>20.</td>
<td>BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES</td>
</tr>
<tr>
<td>21.</td>
<td>SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED</td>
</tr>
<tr>
<td>22.</td>
<td>TELEVISION CHARGES</td>
</tr>
<tr>
<td>23.</td>
<td>SURCHARGES</td>
</tr>
<tr>
<td>24.</td>
<td>ATTENDANT CHARGES</td>
</tr>
<tr>
<td>25.</td>
<td>EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)</td>
</tr>
<tr>
<td>26.</td>
<td>BIRTH CERTIFICATE</td>
</tr>
<tr>
<td>27.</td>
<td>CERTIFICATE CHARGES</td>
</tr>
<tr>
<td>28.</td>
<td>COURIER CHARGES</td>
</tr>
<tr>
<td>29.</td>
<td>CONVEYANCE CHARGES</td>
</tr>
<tr>
<td>30.</td>
<td>MEDICAL CERTIFICATE</td>
</tr>
<tr>
<td>31.</td>
<td>MEDICAL RECORDS</td>
</tr>
<tr>
<td>32.</td>
<td>PHOTOCOPIES CHARGES</td>
</tr>
<tr>
<td>33.</td>
<td>MORTUARY CHARGES</td>
</tr>
<tr>
<td>34.</td>
<td>WALKING AIDS CHARGES</td>
</tr>
<tr>
<td>35.</td>
<td>OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)</td>
</tr>
<tr>
<td>36.</td>
<td>SPACER</td>
</tr>
<tr>
<td>37.</td>
<td>SPIROMETRE</td>
</tr>
<tr>
<td>38.</td>
<td>NEBULIZER KIT</td>
</tr>
<tr>
<td>39.</td>
<td>STEAM INHALER</td>
</tr>
<tr>
<td>40.</td>
<td>ARMSLING</td>
</tr>
<tr>
<td>41.</td>
<td>THERMOMETER</td>
</tr>
<tr>
<td>42.</td>
<td>CERVICAL COLLAR</td>
</tr>
<tr>
<td>43.</td>
<td>SPLINT</td>
</tr>
<tr>
<td>44.</td>
<td>DIABETIC FOOT WEAR</td>
</tr>
<tr>
<td>45.</td>
<td>KNEE BRACES (LONG/ SHORT/ HTNGED)</td>
</tr>
<tr>
<td>46.</td>
<td>KNEE IMMOBILIZER/ SHOULDER IMMOBILIZER</td>
</tr>
<tr>
<td>47.</td>
<td>LUMBO SACRAL BELT</td>
</tr>
<tr>
<td>48.</td>
<td>NIMBUS BED OR WATER OR AIR BED CHARGES</td>
</tr>
<tr>
<td>49.</td>
<td>AMBULANCE COLLAR</td>
</tr>
<tr>
<td>50.</td>
<td>AMBULANCE EQUIPMENT</td>
</tr>
<tr>
<td>51.</td>
<td>ABDOMINAL BINDER</td>
</tr>
<tr>
<td>52.</td>
<td>PRIVATE NURSES CHARGES– SPECIAL NURSING CHARGES</td>
</tr>
<tr>
<td>53.</td>
<td>SUGAR FREE Tablets</td>
</tr>
<tr>
<td>54.</td>
<td>CREAMS POWDERS LOTIONS (TOILETRIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)</td>
</tr>
<tr>
<td>55.</td>
<td>ECG ELECTRODES</td>
</tr>
<tr>
<td>56.</td>
<td>GLOVES</td>
</tr>
<tr>
<td>57.</td>
<td>NEBULISATION KIT</td>
</tr>
<tr>
<td>58.</td>
<td>ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]</td>
</tr>
<tr>
<td>59.</td>
<td>KIDNEY TRAY</td>
</tr>
<tr>
<td>60.</td>
<td>MASK</td>
</tr>
<tr>
<td>61.</td>
<td>OUNCE GLASS</td>
</tr>
<tr>
<td>62.</td>
<td>OXYGEN MASK</td>
</tr>
<tr>
<td>63.</td>
<td>PELVIC TRACTION BELT</td>
</tr>
<tr>
<td>64.</td>
<td>PAN CAN</td>
</tr>
<tr>
<td>65.</td>
<td>TROLLEY COVER</td>
</tr>
<tr>
<td>66.</td>
<td>UROMETER, URINE JUG</td>
</tr>
<tr>
<td>67.</td>
<td>AMBULANCE</td>
</tr>
<tr>
<td>68.</td>
<td>VASOFIX SAFETY</td>
</tr>
</tbody>
</table>

#### LIST II – Items that are to be Subsumed into Room Charges

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>BABY CHARGES (UNLESS SPECIFIED/INDICATED)</td>
</tr>
<tr>
<td>2.</td>
<td>HAND WASH</td>
</tr>
<tr>
<td>3.</td>
<td>SHOE COVER</td>
</tr>
<tr>
<td>4.</td>
<td>CAPS</td>
</tr>
<tr>
<td>5.</td>
<td>CRADLE CHARGES</td>
</tr>
<tr>
<td>6.</td>
<td>COMB</td>
</tr>
<tr>
<td>7.</td>
<td>EAU.DE-COLOGNE / ROOM FRESHNERS</td>
</tr>
<tr>
<td>8.</td>
<td>FOOT COVER</td>
</tr>
<tr>
<td>9.</td>
<td>GOWN</td>
</tr>
<tr>
<td>10.</td>
<td>SLIPPERS</td>
</tr>
<tr>
<td>11.</td>
<td>TISSUE PAPER</td>
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<tr>
<td>12.</td>
<td>TOOTH PASTE</td>
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<tr>
<td>13.</td>
<td>TOOTH BRUSH</td>
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<tr>
<td>14.</td>
<td>BED PAN</td>
</tr>
<tr>
<td>15.</td>
<td>FACE MASK</td>
</tr>
<tr>
<td>16.</td>
<td>FLEXI MASK</td>
</tr>
<tr>
<td>17.</td>
<td>HAND HOLDER</td>
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<tr>
<td>18.</td>
<td>SPUTUM CUP</td>
</tr>
<tr>
<td>19.</td>
<td>DISINFECTANT LOTIONS</td>
</tr>
<tr>
<td>20.</td>
<td>LUXURY TAX</td>
</tr>
<tr>
<td>21.</td>
<td>HVAC</td>
</tr>
<tr>
<td>22.</td>
<td>HOUSE KEEPING CHARGES</td>
</tr>
<tr>
<td>23.</td>
<td>AIR CONDITIONER CHARGES</td>
</tr>
<tr>
<td>24.</td>
<td>IM IV INJECTION CHARGES</td>
</tr>
<tr>
<td>25.</td>
<td>CLEAN SHEET</td>
</tr>
<tr>
<td>26.</td>
<td>BLANKETA/VARMER BLANKET</td>
</tr>
<tr>
<td>27.</td>
<td>ADMISSION KIT</td>
</tr>
<tr>
<td>28.</td>
<td>DIABETIC CHART CHARGES</td>
</tr>
<tr>
<td>29.</td>
<td>DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES</td>
</tr>
<tr>
<td>30.</td>
<td>DISCHARGE PROCEDURE CHARGES</td>
</tr>
<tr>
<td>31.</td>
<td>DAILY CHART CHARGES</td>
</tr>
<tr>
<td>32.</td>
<td>ENTRANCE PASS / VISITORS PASS CHARGES</td>
</tr>
<tr>
<td>33.</td>
<td>EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE</td>
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<tr>
<td>34.</td>
<td>FILE OPENING CHARGES</td>
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<tr>
<td>35.</td>
<td>INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)</td>
</tr>
<tr>
<td>36.</td>
<td>PATIENT IDENTIFICATION BAND / NAME TAG</td>
</tr>
<tr>
<td>37.</td>
<td>PULSEOXIMETER CHARGES</td>
</tr>
</tbody>
</table>

**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 SHEILD
5. CAMERA COVER
6. DVD, CD CHARGES
7. GAUZE SOFT
8. GAUZE
9. WARD AND THEATRE BOOKING CHARGES
10. ARTROSCOPY AND ENDOSCOPY INSTRUMENTS
11. MICROSCOPE COVER
12. SURGICAL BLADES, HARMONICSCALPEL, SHAVER
13. SURGICAL DRILL
14. EYE KIT
15. EYE DRAPE
16. X-RAY FILM
17. BOYLES APPARATUS CHARGES
18. COTTON
19. COTTON BANDAGE
20. SURGICAL TAPE
21. APRON
22. TORNIOUET
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/ CAPD EQUIPMENTS
7. INFUSION PUMP COST
8. HYDROGEN PEROXIDE/SPIRITI DISINFECTANTS ETC
9. NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10. HIV KIT
11. ANTISEPTIC MOUTHWASH
12. LOZENGES
13. MOUTH PAINT
14. VACCINATION CHARGES
15. ALCOHOL SWABES
16. SCRUB SOLUTION/STERILLIUM
17. GLUCOMETER & STRIPS
18. URINE BAG

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.