

SALIENT FEATURES OF THE POLICY

1 BASE COVERS

- Emergency Medical Expenses
- Emergency Medical Evacuation
- Emergency Outpatient Treatment
- Continuation of Medical Treatment in India
- Repatriation of Remains
- Dental Treatment Expenses
- Accidental Death & Disablement - AD, PTD & PPD
- Hijack Cover

2 OPTIONAL COVERS

- Waiver of Medical Sub limits
- Pre-Existing Disease Cover
- Daily Hospital Allowance
- Additional Sum Insured for Accidental Hospitalization
- Accidental Death & Disablement -Common Carrier (AD, PTD & PPD)
- Home to Home Cover
- Mobility Aids
- Lifestyle Support
- Compassionate Visit
- Compassionate Stay
- Emergency Reunion & Resumption of trip
- Political Risk & Catastrophic Evacuation
- Common Carrier Delay
- Missed Connection
- Child Escort
- Loss of Gadgets (Laptop, Tablet, Mobile Phone & Camera)
- Bounced Booking - Hotel / Common Carrier
- Car Rental Excess Cover

3 ASSISTANCE & VALUE-ADDED SERVICES

- Arrangement of Emergency Medical Evacuation
- Arrangement of Local Burial or transfer of Mortal Remains
- Lost Luggage Assistance
- Arrangement of Compassionate Visit
- Lost Passport Assistance

- Trip Delay
- Trip Cancellation
- Trip Curtailment
- Delay of Checked-in Baggage
- Loss of Checked-in Baggage
- Personal Liability
- Loss of Passport & Driving License
- Automatic Trip Extension (up to 7 days)

- Adventure Sports Cover
- Home Contents
- Pet Care
- Travel with Pet Cover
- Legal Expenses
- Mugging Benefit
- Golfer's Hole-in-one
- Sports Equipment Cover
- Weather Protection
- Debit Card /Credit Card /Forex Card Fraud
- Identity Theft
- Cruise Cover
- Substitute Employee Expenses
- Bail Bond
- Cancer Screening & Mammography Cover
- Sponsor Protection
- Study Interruption
- Maternity & New-born Baby Cover

- Interpreter Referral
- Embassy Referral
- Golf Bookings – Domestic & International
- Cyber Fraud & Digital Identity Theft Protection Program
- Vehicle Care Services

- Bounced Booking - Hotel / Common Carrier
- Legal Assistance
- Arrangement of Bail Bond
- Medical Service Referral
- Arrangements of Appointment with Local Doctors for Treatment
- Emergency Message Transmission Assistance
- Visa & Inoculation Details
- Personal & Home Appliance Repair (AC/TV/Fridge and other Home Appliances)
- Automated Luggage Tracking Services
- Online Doctor Consultation with E-Prescription
- Online Fitness Training
- Diet & Nutrition Sessions
- Medical Diagnostic test (with doorstep sample pickup facility)
- Online Psychologist Consultation

4 SCOPE OF COVER

This Policy principally offers two types of covers - Base Covers & Optional Covers. It also includes assistance services offered by our Assistance Service Providers. We will pay the benefits for the events described in the policy as detailed below. The benefits shall be available if specifically mentioned in the policy schedule up to the Sum Insured limit defined within Geographical area as opted and applicable.

The deductible (amount/ time) as specified in the Policy Schedule shall be borne by the Insured Person on each claim. We shall be liable to make payment under the policy for any claim only when the deductible (amount/ time) on that claim is completely exhausted.

4.1 BASE COVERS

The benefits mentioned under the base covers are in-built and available to all Insured person. The Policy schedule shall specify the benefit details as per the plan chosen along with the deductibles (amount/ time) / sub limits, which shall be in applicable during the Policy Period.

4.1.1 Medical Care

4.1.1.1 Emergency Medical Expenses

We shall reimburse the medical expenses incurred towards hospitalization, for more than 24 hours, due to any illness or injury sustained by Insured Person requiring emergency care during the Period of Insurance up to the Sum Insured limit as specified in the Policy Schedule.

- a) Coverage under this Benefit shall include:
- (i) Hospital room & boarding expenses
 - (ii) Intensive Care Unit expenses
 - (iii) Surgical treatment expenses including operation theatre charges, surgeon fees, internal implant charges and all other associated charges.
 - (iv) Anesthetist services expenses
 - (v) Medical Practitioner's visit expenses
 - (vi) Investigative tests or diagnostic procedures expenses
 - (vii) Ambulance expenses which include cost of transportation of the Insured Person to the nearest Hospital and paramedic services
 - (viii) Miscellaneous medically necessary expenses which is including but not limited to the cost of medicines, nursing charges, external medical appliances as prescribed by a treating Medical Practitioner,
 - (ix) Blood storage and processing charges and any other medically necessary services which are not specified above.

- b) Any claims for less than 24 hours hospitalization shall be considered as Day Care Treatment. (Refer Annexure I)
- c) Such hospitalization should not be due to any illness or injury related to a pre-existing disease.
- d) The Following sub limits shall be applicable for Insured Persons above 55 years of age.

Medical Expense	Sub Limit
Hospital Room & Boarding Expenses	Max USD 2000 per day
Intensive Care Unit Expenses	Max USD 3500 per day
Surgical Treatment Expenses	Max up to USD 15000 per claim
Anesthetist Services Expenses	Up to 25% of the Surgical treatment
Medical Practitioner's Visit Expenses	Max USD 100 per day up to 10 visits per claim
Investigative & Diagnostic Expenses	Max USD 1250 per claim
Ambulance Expenses	Max USD 500 per claim
Miscellaneous Expenses	Max USD 2000 per claim

4.1.1.2 Emergency Medical Evacuation

We will pay the reasonable and customary charges incurred towards costs of air transportation resulting in emergency medical evacuation due to illness or injury sustained by the Insured Person during the Period of Insurance.

Coverage under this Benefit shall include:

- a) The cost of transportation, including necessary medical care en-route, of the Insured Person from overseas to India or to the nearest Hospital provided that the treating Medical Practitioner has prescribed for such transportation.
- b) Cost of one travelling companion provided that it is medically necessary and prescribed by the treating Medical Practitioner to accompany the Insured Person which includes physical assistance.

Special Condition:

- a) The illness or injury requiring a medical evacuation should not be due to a pre-existing disease.
- b) Our Assistance Service Provider authorizes in writing in advance and arranges the conveyance for transporting the Insured Person / travelling Companion.
- c) Our maximum liability shall be up to the Sum Insured limit defined under "Emergency Medical Expenses" (Section 4.1.1.1) and any claims paid under this benefit will reduce the "Emergency Medical Expenses" Sum Insured proportionately.

4.1.1.3 Emergency Out-Patient Treatment

We will reimburse the reasonable and customary charges arising from medical expenses incurred towards emergency out-patient treatment by the Insured Person due to any illness or injury sustained during the Period of Insurance, up to the limit as specified in the Policy Schedule.

Our maximum liability shall be up to the Sum Insured limit defined under "Emergency Medical Expenses" (Section 4.1.1.1) and any claims paid under this benefit shall reduce the "Emergency Medical Expenses" Sum Insured proportionately.

Specific Exclusions:

- a) All exclusions mentioned under Section 4.1.1
- b) Any outpatient treatment due to any illness or injury related to a pre-existing disease shall not be payable even if Section 4.2.2 (Pre-Existing Disease Cover) is opted.

4.1.1.4 Continuation of Medical Treatment in India

In the event the Insured Person has been evacuated to India by air transportation, we will pay for the reasonable and customary charges incurred towards the continuation of medically necessary treatment in India for same illness or injury during the Period of Insurance provided that:

- a) We have accepted a claim under “Emergency Medical Evacuation” (Section 4.1.1.2)
- b) We shall be liable to indemnify medical expenses incurred up to a maximum period of 90 days from the accident or first diagnosis of illness in respect of which the Insured is receiving medically necessary treatment.
- c) The sub limits as specified in clause 4.1.1.1.d, shall also be applicable for the medical treatment in India.
- d) For payment of claim under this benefit, the rate of exchange as published by the Reserve Bank of India, shall be used for the conversion of foreign currency amounts to Indian rupees.
- e) Our maximum liability shall be up to the Sum Insured limit defined under “Emergency Medical Expenses” (Section 4.1.1.1) and any claims paid under this benefit shall reduce the “Emergency Medical Expenses” Sum Insured proportionately.

4.1.1.5 Repatriation of Remains

If during the Period of Insurance, the Insured Person suffers an illness or Injury covered under the policy resulting in an unfortunate death of the Insured Person, we shall pay the reasonable and customary charges towards:

- a) Repatriating the mortal remains of the Insured Person to India (first port de-boarded in the Country of residence). Any cost incurred towards transportation of Mortal remains from Airport to Home (or any intermediate place) after de-boarding the common carrier in India will not be payable or,
- b) The costs of a local burial / cremation in the country where the death occurred.

Special Condition:

- a) Death should not be due to any pre-existing disease.
- b) Our Assistance Service Provider arranges and / or authorizes the repatriation / burial in writing in advance.
- c) Our maximum liability shall be up to the Sum Insured limit defined under “Emergency Medical Expenses” (Section 4.1.1.1) and any claims paid under this benefit shall reduce the “Emergency Medical Expenses” Sum Insured proportionately.

Specific Exclusions applicable to section 4.1.1

- a) Expenses related to any admission primarily for diagnostics and evaluation purposes, and which are not related / incidental to the current diagnosis and treatment.
- b) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This includes:
 - (i) Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - (ii) Any services for people who are terminally ill to address medical, physical, social, emotional and spiritual needs.

- c) Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
- d) 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, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
- e) Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
- f) Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
- g) Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons.
- h) Dietary supplements 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 hospitalization claim or day care procedure.
- i) Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
- j) 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
- k) Any medical treatment obtained in India, unless covered under “Emergency Medical Evacuation” (Section 4.1.1.2) and Continuation of Medical Treatment in India (Section 4.1.1.4)
- l) Any pre-existing Disease.
- m) Medical treatment which is the sole reason or one of the reasons for temporary stay abroad.
- n) Treatment which could reasonably be delayed until the Insured person’s return to India unless approved jointly by the treating Medical Practitioner and the Assistance Service Provider.
- o) Any elective, cosmetic or plastic surgery except as a result of an injury during the Policy Period.
- p) Dental treatment.
- q) Any expenses which are not exclusively medical in nature as specified in Annexure II to the Policy.
- r) Rehabilitation and physiotherapy.
- s) Any internal congenital anomaly known to the Insured Person at the time of taking the Policy.
- t) Any expenses related to pregnancy resulting to childbirth, miscarriage, abortion, or complication arising out of any of the foregoing or expenses related to the treatment of infertility or birth control measures.
- u) Any costs incurred in connection with rest or recuperation at a spa or health resort, sanatorium, convalescence home or similar situation.
- v) Immunizations and treatment towards obesity and any external congenital anomaly.
- w) Alternative treatments including but not limited to Ayurveda, Homoeopathy, Unani, Naturopathy, Reflexology, Acupuncture, Bone Setting, Herbalist Treatment, Hypnotism, Rolfing, Massage therapy, Aroma therapy.
- x) Any exclusion mentioned in the “General Exclusions” Section 5 of this Policy.

4.1.2 Dental Treatment Expenses

We will pay reasonable and customary charges incurred towards Insured Person's Dental Treatment during the Period of Insurance, provided that:

- a) Our maximum liability shall be up to Sum Insured as specified against this benefit in the Policy Schedule, if the Insured Person requires dental treatment for Sound Natural Teeth due to any dental illness.
- b) Our maximum liability shall be up to Sum Insured as specified, against "Emergency Medical Expenses" benefit, in the Policy Schedule, if the Insured Person requires dental treatment for sound natural teeth following an accident / injury.

Clause 5.s shall not apply to the extent of cover provided under this benefit.

Specific Exclusions:

- a) Any pre-existing disease or illness or injury.
- b) Cementing or fixation of tooth or teeth bridge/s, permanent or temporary crowns, artificial tooth or teeth.
- c) Beauty and/ or cosmetic treatment and / or reconstructive plastic surgery in any form.
- d) Treatment which could reasonable be delayed until the Insured person's return to India unless approved jointly by the treating Dentist and the Assistance Service Provider.
- e) Any exclusion mentioned in the "General Exclusions" Section 5 of this Policy.

4.1.3 Accidental Death and Disablement

In the event the Insured Person sustains an accidental injury while trip overseas, during the Period of Insurance, resulting in Accidental Death or Permanent Total Disablement or Permanent Partial Disablement, we shall pay a Sum Insured as specified in the Policy Schedule against the benefits detailed below.

4.1.3.1 Accidental Death

If an Insured Person suffers an Injury due to an Accident whilst on a trip overseas, and that Injury solely results in death of Insured Person within 365 days from the date of the Accident, we will pay the Sum Insured as specified in the Policy Schedule.

Accidental Death	
Event	Percentage of Sum Insured
Accidental Death	100%

4.1.3.2 Permanent Total Disablement

If an Insured Person suffers an Injury due to an Accident whilst on a trip overseas, and that Injury solely results in Permanent Total Disablement of Insured Person within 365 days from the date of the Accident, we will pay the Sum Insured as specified in the Policy Schedule.

Permanent Total Disablement	
Event	Percentage of Sum Insured
Permanent total loss of sight of both Eyes	100%
Permanent total loss of sight of one eye and physical separation of or the loss of ability to use either one hand or foot	100%
Permanent total loss or physical separation of or the loss of ability to use both hands or both feet	100%

Permanent total loss or physical separation of or the loss of ability to use one hand and foot	100%
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4.1.3.3 Permanent Partial Disablement

If an Insured Person suffers an Injury due to an Accident whilst on a trip overseas, and that Injury solely results in Permanent Partial Disablement of Insured Person within 365 days from the date of the Accident, we will pay Sum Insured as specified in the Policy Schedule and up to percentage specified in the table of event below:

Permanent Partial Disablement	
Event	Percentage of Sum Insured
<i>Permanent Partial loss of:</i>	
An arm at the shoulder joint	75%
An arm above the elbow joint	70%
A hand at the wrist	50%
An arm beneath the elbow joint	60%
A thumb	25%
An index Finger	10%
Any other Finger	5%
A leg above mid-thigh	75%
A leg up to mid-thigh	60%
A leg up to beneath the knee	50%
A leg up to mid-calf	45%
A foot at the ankle	40%
A large Toe	5%
Any other Toe	2%
Sight of one eye	50%
Hearing of one ear	25%
Hearing of both ears	75%
Sense of smell	10%
Sense of taste	5%
Shortening of leg by at least 5%	7%
Any other Permanent Partial Disablement	Percentage as certified by Government Civil Surgeon in India

Special Conditions:

- Our maximum liability is restricted to 100% of the Sum Insured irrespective of permanent loss of one or more body parts and / or death.
- The benefit will be paid to the Insured Person or legal representative of the Insured Person.
- On Insured Person's death, the benefit will be paid to the nominee appointed by the Insured Person or the Insured Person's legal heir.

Specific Exclusions:

- Intentional self-Injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)
- Accident while under the influence of alcohol or drugs.
- Participation in an actual or attempted felony, riot, crime, misdemeanor or civil commotion
- Any Accident of which a contributing cause was the Insured Person's actual or attempted

commission of, or willful participation in, an illegal act or any violation or attempted violation of the law or his resistance to arrest.

- e) Whilst engaging in aviation or whilst mounting in to, dismounting from or traveling in any aircraft other than as passenger (fare paying or otherwise) in any duly licensed standard type of aircraft.
- f) Participating in motor racing or trial run as a driver, co-driver or passenger.
- g) Pregnancy and childbirth, miscarriage, abortion or complications arising out of any of these.
- h) War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition of or damage or under the order of any government or public authority.
- i) Nuclear energy, radiation.
- j) Any pre-existing disablement prior to the inception of the Policy.
- k) Whilst engaging in hazardous or adventure sports, unless specifically insured.
- l) Whilst engaging in hazardous activity.
- m) Losses arising from accidents on two wheeled motorized vehicles unless at the time of the accident the driver is duly qualified in possession of a current full international driving license and the driver is wearing a safety crash helmet.
- n) Accidents due to mental disorders or disturbances of consciousness, strokes, fits or convulsions, which affect the entire body and any pathological disturbances caused by the mental reaction to the same.
- o) Any exclusions mentioned in the "General exclusions" Section 5 of this Policy.

4.1.4 Hijack Cover

If a Common Carrier (airline) in which the Insured Person is traveling, whilst on a trip overseas during the Period of Insurance, is hijacked and such hijack results in the delay of Insured Person's journey for more than 12 consecutive hours, we will pay the daily benefit amount as specified in the Policy Schedule.

Special condition:

- a) The daily fixed benefit shall be payable maximum up to 7 days per trip.

Specific Exclusion:

- a) Any incident where the Insured Person is suspected to be either the principal or an accessory in the hijacking.
- b) Any claim is due of a change in the regular routed of travel / journey of the common carrier due to traffic, weather, fuel shortage or technical security reasons.

4.1.5 Trip Delay

In the event of any delay of the Common Carrier(airline) more than 4 hours in which the Insured Person is scheduled to travel on a valid ticket during Period of Insurance whilst on a Trip overseas, before the commencement of the trip, we will pay a fixed amount for each block of 4 hours delay up to the limit as specified in the Policy Schedule.

The benefit is payable if such delay is caused due to any of the following reasons:

- a) Delay due to inclement weather.
- b) Delay due to sudden strike or any other action by employees of common carrier.
- c) Delay due to equipment failure of the common carrier.
- d) Delay due to operational problems at the common carrier end like crew / staff rescheduling issues.
- e) Cancellation or rescheduling done by common carrier.

Specific Exclusion:

- a) Any delay due to any event which was announced in public or known to the Insured Person 6 hours prior to the scheduled departure time of the common carrier.
- b) Any departure which is delayed because of the Insured Person or any other travelling companion failing to check-in timely as required by the airlines.

4.1.6 Trip Cancellation

In the event of cancellation of the trip before its commencement, we shall reimburse the non-refundable expenses on cancellation of the overseas travel tickets, hotel booking or the scheduled tour booking up to the amount as specified in the Policy Schedule, provided that such cancellation is due to any of the following reasons:

- a) Death or diagnosis of Critical illness of the Insured or his / her immediate family member.
- b) The Common Carrier on which the Insured is scheduled to travel is delayed for at least 24 consecutive hours due to strike, industrial action, riot, civil commotion, severe weather condition, natural disaster, hijack, or mechanical breakdown of the Common Carrier.
- c) Serious injury, sudden sickness of the Insured Person or his / her immediate family member requiring hospitalization for more than 24 hrs.
- d) Loss of Passport within 10 days before the scheduled departure.
- e) The Insured Person is summoned or required by judicial authority or law enforcement agency or court of law for its proceedings during the Policy Period.

Specific Condition:

- a) The booking should be cancelled within 48 hours of occurrence of any event or as soon as practicable before commencement of trip which would result in a claim under this benefit.
- b) Loss incurred due to above listed Insured Perils must not have arisen before 45 days prior to the risk's inception date.
- c) We shall cover only one instance of trip cancellation for single trip policy and maximum three instances for multi trip policies.
- d) Under this benefit, the cover begins from the date of issuance of Policy or the date of booking of Insured Person's tickets (whichever is later) and ends when the Insured Person starts utilization of the ticket for its intended purpose.

Specific Exclusion:

- a) Travel arrangements cancelled or changed by an airline, cruise line or tour operator unless the cancellation is the result of inclement weather.
- b) Changes in plans by the Insured, an immediate family member or travelling companion for any reason.
- c) Adverse change in financial circumstances of the Insured Person, any family member, or a travelling companion.
- d) Any cancellation due to hospitalization resulting from pre-existing disease, childbirth or related medical complications to the Insured Person, an immediate family member or travelling companion.
- e) The reason for trip cancellation was foreseeable for the Insured Person with high degree of probability.
- f) Any exclusion mentioned in the "General Exclusion" Section 5 of this Policy.

4.1.7 Trip Curtailment

In the event of any unavoidable curtailment or interruption of the booked and confirmed trip overseas during the Period of Insurance, we shall reimburse the following, up to the limit as specified in the Policy Schedule.

- (i) The non-refundable prepaid payments made, towards hotel & tour bookings, before the Insured Person's departure.
- (ii) Additional cost of transportation expenses (in the same class as original booking) incurred by the Insured Person (cost after adjusting the proceeds of cancelling / preponing confirmed return ticket) to return to India.
- (iii) Additional accommodation costs of similar standard to that the Insured Person had initially booked for his / her trip.

The benefit is payable if such delay is caused due to any of the following reasons:

- a) Death or diagnosis of Critical illness of the Insured or Immediate Family Member.
- b) The Common Carrier on which the Insured Person has boarded is hijacked.
- c) Serious injury, sudden sickness of the Insured Person or his / her immediate family member requiring hospitalization for more than 24 hrs.
- d) The Insured Person is summoned or required by judicial authority or law enforcement agency or court of law for its proceedings during the Policy Period.
- e) Inclement weather conditions.

Specific Condition:

- a) Assistance Service Provider should be intimated if the Insured Person intends to return to India to make a claim.
- b) We shall cover only one instance of trip curtailment for single trip policies and maximum three instances for multi trip policies.

Specific Exclusion:

- a) Travel arrangements cancelled or changed by an airline, cruise line or tour operator unless the cancellation is the result of inclement weather.
- b) Changes in plans by the Insured, an immediate Family Member or travelling companion for any reason.
- c) Adverse change in financial circumstances of the Insured Person, any family member, or a travelling companion.
- d) Any trip curtailment due to hospitalization resulting from pre-existing disease, childbirth or related medical complications to the Insured Person, an immediate family member or travelling companion.
- e) The reason for trip curtailment was foreseeable for the Insured Person with high degree of probability.
- f) Any exclusion mentioned in the "General Exclusion" Section 5 of this Policy.

4.1.8 Delay of Checked-in Baggage

In the event of delay in scheduled arrival of the Checked-in Baggage whilst on a Trip overseas and whilst it is in the custody of the Common Carrier(airline) for a period of more than 12 consecutive hours during Period of Insurance, we will pay fixed benefit amount as specified in the Policy Schedule.

Special Conditions:

- a) Our liability shall be limited to the travel destinations specified in the main travel ticket from India. All halts and via destinations included in this main travel ticket shall also be considered for payment under this benefit.
- b) Our liability will be reduced by any sum for which the airline is liable to make payment.
- c) In the event of simultaneous claims under this benefit as well as under Loss of checked-in baggage (Section 4.1.9), our liability for payment shall be the higher of claims in respect of the same item(s) of checked-in baggage.

Specific Exclusion:

- a) Any delay of checked-in baggage in India.
- b) Delay arising from any detention or confiscation of baggage by customs officials or other public authorities.

4.1.9 Loss of Checked-in Baggage

In the event of total and complete loss of Checked-in Baggage whilst on a Trip overseas and whilst it is in the custody of the Common Carrier(airline) during Period of Insurance, we will pay fixed benefit amount as specified in the Policy Schedule.

In case the Insured Person has 2 checked in baggage and one was lost by the common carrier, then we shall pay one-half of the Sum Insured as fixed amount, as specified in the Policy schedule.

Special Condition:

- a) Our liability shall be limited to the travel destinations specified in the main travel ticket from India. All halts and via destinations included in this main travel ticket shall also be considered for payment under this benefit.
- b) Our liability will be reduced by any sum for which the airline is liable to make payment.
- c) In the event of simultaneous claims under this benefit as well as under Delay of checked-in baggage (Section 4.1.8), our liability for payment shall be the higher of claims in respect of the same item(s) of checked-in baggage.

Specific Exclusion:

- a) Partial loss of any of the items in the checked-in baggage
- b) Loss arising from any detention or confiscation of baggage by customs officials or other public authorities.
- c) Loss of Insured Person's baggage sent in advance or shipped separately.

4.1.10 Personal Liability

In the event of any third party's Accidental bodily injury / property being damaged by Insured Person whilst on a trip overseas during Period of Insurance, the Company shall reimburse any actual legal liability including Defence Costs, incurred by the Insured Person in his/her private capacity to pay Damages to such third party up to the limit of Sum Insured as specified in the Policy Schedule.

Special Condition:

- a) In the event of a claim under this benefit, the Insured Person shall give written notice to Us /Assistance service provider within 10 days of any claim or demand made against him.
- b) The Insured Person shall not admit liability / settle / compromise / make any payment without our prior written consent.
- c) We shall be entitled (but not obligated) at any time to conduct in the name of Insured Person the defense and/ or settlement of any claim and to appoint lawyers to represent the Insured Person.
- d) We shall not settle any claim without the Insured Person's express consent, but if the Insured Person refuses an available settlement recommended by Us, then Our liability shall thereafter be limited to the amount by which the claim could have been settled.

Specific Exclusion:

- a) The Insured Person's liability to any employee (whether under a contract of or for services).
- b) Liability arising out of the rental or holding for rental of any part of any premises by the Insured Person.
- c) Liability arising out of the rendering of or failure to render professional services.

- d) Liability arising out of a premises, watercraft or aircraft that is owned by, rented to or rented by the Insured Person.
- e) Liability arising out of the ownership, maintenance, use, loading or unloading of motor vehicles, all other motorized land conveyances, watercraft or aircraft.
- f) Liability arising out of sexual molestation, corporal punishment, or physical or mental abuse.
- g) Liability arising out of the use, sale, manufacture, delivery, transfer or possession by any person of a controlled substance or contraband as defined by the appropriate authority or the Federal Food and Drug Agency or equivalent or similar organization.
- h) Liability under any contract or agreement.
- i) Property Damage to property owned by the Insured Person.
- j) Property Damage to property rented to, occupied or used by or in the care of the Insured Person.
- k) Injury to any person eligible to receive any benefits voluntarily provided or required to be provided by the Insured Person under any worker's compensation law, non-occupational disability law or occupational diseases law, or any other similar law.
- l) Suits or legal actions by the Insured's parents, children, spouse, brothers, sisters, uncles, aunts, grandparents or parents-in-law, or any Travelling Companion or a Travelling Companion's parents, children, spouse, brothers, sisters, uncles, aunts, grandparents or parents-in-law.

4.1.11 Loss of Passport and Driving License

In the event the Insured Person loses his / her original passport and / or international driving license while trip overseas during the Period of Insurance, we shall pay up to Sum Insured on aggregate basis, as specified in the Policy Schedule, for obtaining a duplicate or new passport and / or a duplicate or new International Driving License, provided that:

- a) The maximum payable amount under this benefit is as specified in the Policy Schedule, with a sub limit of 50% of the Sum Insured for loss of international driving license.

Specific Exclusion:

- a) Where the loss is not reported to the appropriate Policy authority in the country of visit within 24 hours of the discovery of the loss, and in respect of which a police report has not been obtained.
- b) Where the Insured Person has failed to take reasonable steps to guard against the loss of Passport or International Driving License.
- c) Loss or damage to the Insured Person's passport or international driving license because of confiscation or detention by customs, police, or any other authority.

4.1.12 Automatic Trip Extension

We shall automatically extend the Policy Period up to 7 days, from the expiry date of the Policy Period, if the extension is necessary and solely due to the below reasons:

- a) Hospitalization of Insured person, where we have accepted a claim under "Emergency Medical Expenses" (Section 4.1.1.1).
- b) Hospitalization of travelling companion due to illness or injury.
- c) Death of the travelling companion.
- d) Cancellation or Re-scheduling of the common carrier due to unexpected strike, riot, or civil commotion at the port where the Trip got extended.
- e) Any natural disaster (declared by appropriate government authority) at your current location or at destination that forces you to extend the trip.

Special Condition:

- a) Any refundable amount pertaining to the original scheduled return ticket will be deducted from the admissible claim amount.

Specific Exclusion:

- a) The trip is cancelled due to natural calamity not declared by appropriate government authority.
- b) Any extension due to Childbirth, Pregnancy or related medical complications occurring to you or your immediate family member or traveling companion.
- c) Any exclusion mentioned in the "General Exclusions" Section 5 of this Policy.

4.2 OPTIONAL COVERS

The benefits mentioned under the optional covers are to be selected by the Insured Person based on his / her requirement. The Policy schedule shall specify such selected benefits along with the chosen cover limits, deductibles (amount/ time) / sub limits, which shall be in force for the Insured Persons during the Policy Period within Geographical area as opted and applicable.

4.2.1 Waiver of Medical Sub limits

All sub limits applicable for Insured Persons over 55 years of age under the base cover "Emergency Medical Expenses" (Section 4.1.1.1.d) shall be waived off.

4.2.2 Pre-Existing Disease Cover

We shall extend the coverage to the below benefits for contingencies arising from pre-existing diseases:

- a) Medical Care (Section 4.1.1) except Emergency Outpatient Treatment (Section 4.1.1.3)
- b) Daily Hospital Allowances (Section 4.2.3)
- c) Dental Treatment Expenses (Section 4.1.2)
- d) Compassionate Visit (Section 4.2.9)
- e) Compassionate Stay (Section 4.2.10)
- f) Child Escort (Section 4.2.15)
- g) Trip curtailment (Section 4.1.7)
- h) Automatic Trip Extension (Section 4.1.12)
- i) Home to Home cover (Section 4.2.6)
- j) Waiver of Medical Sub limits (Section 4.2.1)
- k) Adventure Sports Cover (Section 4.2.19)

Special Condition:

- a) Sub limit as specified in the Policy Schedule shall be applicable for "Emergency Medical Expenses" (Section 4.1.1.1) & "Continuation of medical treatment in India" (Section 4.1.1.4).
Such a sub limit shall be applicable for both the benefits put together and are not available on an individual basis.
- b) Such an extension shall not result in an increase in Sum Insured of the respective covers.
- c) All terms and conditions and limits of the applicable benefits shall remain the same.

Specific Exclusion:

- a) All specific exclusions of the respective covers and the general exclusions (Section 5) shall apply.

4.2.3 Daily Hospital Allowances

In the event of hospitalization of the Insured Person during the Period of Insurance, we shall pay the daily allowance as specified in the Policy Schedule against this benefit for each continuous and completed period of 24 hours of hospitalization, post expiry of first 2 consecutive days of hospitalization, provided that:

- a) We have accepted a claim under “Emergency Medical Expenses” (Section 4.1.1.1).
- b) The daily hospital allowance shall be payable for a maximum of up to 5 days.

Specific Exclusions:

- a) All specific exclusions applicable to “Medical Care” (Section 4.1.1).
- b) Any exclusion mentioned in the “General Exclusions” Section 5 of this Policy.

4.2.4 Additional Sum Insured for Accidental Hospitalization

In the event of Sum Insured opted under “Emergency Medical Expenses” (Section 4.1.1.1) is completed exhausted or insufficient due to any previous claim, we shall replenish up to 100% of the Sum Insured opted under “Emergency Medical Expenses” (Section 4.1.1.1) benefit in case of hospitalization due to accidental injuries occurred during Period of Insurance.

Special Condition:

- a) The cover shall be available only once during the Period of Insurance.
- b) The unutilized amount under this benefit cannot be carried forward.

Specific Exclusion:

- a) Any medical treatment which can be postponed until the Insured Person returns home unless certified by medical practitioner.

4.2.5 Accidental Death and Disablement – Common Carrier

If an Insured Person whilst on a trip overseas is travelling as a passenger on a Common Carrier (Air / Sea / Land-including boarding and alighting from that common carrier) suffers an accidental Injury during the Period of Insurance and such Injury results in the Insured Person’s Death or Permanent Total Disablement or Permanent Partial Disablement within 365 days from the date of the Accident, We will pay up to the Sum Insured as specified in the Policy Schedule in addition to benefit payable under “Accidental Death and Disablement” (Section 4.1.3)

Special Condition:

- a) All conditions mentioned under section 4.1.3.

Specific Exclusion:

- a) All exclusions mentioned under section 4.1.3.

4.2.6 Home to Home Cover

We shall extend the coverage before / beyond the Policy Period for “Emergency Medical Expenses” (Section 4.1.1.1), “Emergency Out-Patient Treatment” (Section 4.1.1.3) and “Accidental Death & Disablement” (Section 4.1.3) up to the Sum Insured as specified in the Policy Schedule, for the following:

- a) Starting of the journey from Home (or any intermediate place) in India to the Airport for duration of 6 hours before the scheduled departure time of the common carrier, by which it is intended that he/she shall finally leave India and
- b) Return journey from Airport to Home (or any intermediate place) after de-boarding the common carrier in India for duration of 6 hours after the actual arrival time.

Special Condition:

- a) The insured Person should inform Us / Assistance Service Provider immediately if he/ she suffers from an illness / injury sustained within the duration specified under this benefit.

Specific Exclusion:

- a) All exclusions mentioned under “Emergency Medical Expenses” (Section 4.1.1.1), “Emergency Out-Patient Treatment” (Section 4.1.1.3) and “Accidental Death & Disablement” (Section 4.1.3)

4.2.7 Mobility Aids

In the event the Insured Person sustains an accidental injury whilst on a Trip overseas during the Period of Insurance, we shall pay the charges incurred by the Insured Person for procuring medically necessary prosthetic devices on the written advice of the treating Medical Practitioner up to the Sum Insured as specified in the Policy Schedule.

These devices are artificial devices replacing body parts, including artificial limbs, arms or eyes, orthopedic braces (including but not limited to Cane, Crutches, forearm crutch, Walkers, Walker cane hybrid, Gait trainers, Seated walking scooter, Wheelchairs and scooters, Stair lifts and similar devices, patient transfer devices and other aids of similar utility arm, back or neck braces) and durable medical equipment (including but not limited to crutches, wheelchairs, power mobility devices, and hospital beds) which fulfils the Insured Person’s basic medical needs consequent to an injury.

Special Condition:

- a) We have accepted a claim under “Emergency Medical Expenses” (Section 4.1.1.1), “Accidental Death & Disablement” (Section 4.1.3) and “Accidental Death & Disablement – Common Carrier” (Section 4.2.5) and “Home to Home Cover” (Section 4.2.6).
- b) The clause specified under Section 5.u (General exclusion) shall not apply to the extent of cover provided under this benefit.

Specific Exclusion:

- a) Durable medical equipment excludes spectacles, contact lenses, hearing aids, blood pressure monitoring machine and diabetes monitoring machine.

4.2.8 Lifestyle Support

In the event of Accidental Injury resulting in Death or Permanent Total Disablement of the Insured Person as certified by the Medical Practitioner during the Period of Insurance, we will pay a fixed benefit up to limit specified in the Policy Schedule towards meeting regular household expenses for reducing the financial hardship.

Special Condition:

- a) We have accepted a claim under “Accidental Death & Disablement” (Section 4.1.3) and “Accidental Death & Disablement – Common Carrier” (Section 4.2.5) and “Home to Home Cover” (Section 4.2.6).

4.2.9 Compassionate Visit

In the event the Insured Person is hospitalized due to any illness or injury sustained whilst on a trip overseas during the Period of Insurance, We shall reimburse transportation cost (one round trip economy class air ticket) incurred towards One immediate family member who would visit the Insured Person to be at his bedside to give physical assistance, up to the Sum Insured as specified in the Policy Schedule, provided that:

- a) The treating medical practitioner certifies in writing that it is not advisable for the Insured Person to travel back to India based on the medical condition and that the Insured Person would benefit from the visit of the immediate family member.
- b) There is no adult (of age 18 years and above) travelling companion with the Insured Person

- c) No adult member of the Insured Person's immediate family is present at the location of hospitalization.
- d) We have accepted a claim under "Emergency Hospitalization Expenses" (Section 4.1.1.1)
- e) The Insured Person should have been hospitalized for a minimum period of 5 consecutive days.

4.2.10 Compassionate Stay

In the event the Insured Person is hospitalized due to any illness or injury sustained whilst on a Trip overseas during the Period of Insurance, we shall reimburse cost of accommodation of one immediate family member for his/ her stay up to the Sum Insured, as specified in the Policy Schedule, provided We have accepted a claim under "Compassionate Visit" (Section 4.2.9).

4.2.11 Emergency Reunion and resumption of trip

We shall reimburse the cost of one round trip economy class air ticket, up to the Sum Insured as specified in the Policy Schedule, for the Insured Person to return Home in India for an Emergency visit during the Period of Insurance, in the event of:

- a) Death of Insured Person's immediate family member, or
- b) Hospitalization of the Insured Person's immediate family member for more than 5 consecutive days due to injury or illness, or
- c) Any calamity or emergency events like house becoming uninhabitable due to fire or act of God.

Special Condition:

- a) The Insured Person's resumption of travel should take place within 2 months from the date of his / her visit to Home in India, and
- b) At least one month of the Policy Period is available, in case the Insured Person resume back to the destination, and
- c) An insured Person's resumption of travel is necessary for official or academic purposes.

4.2.12 Political Risk and Catastrophe Evacuation

We shall reimburse the cost incurred by the Insured Person during the Period of Insurance up to the amount as specified in the Policy Schedule, towards:

- (i) An economy class air ticket to the Insured Person to return to Home in India or to nearest place of safety, and
- (ii) Reasonable cost of accommodation expenses up to a maximum of USD 300 for a maximum period of 7 days if the Insured Person is unable to return to India.

Coverage under this benefit is payable in the event provided:

- a) officials in the country where Insured Person is visiting, recommend that certain categories of persons which include the Insured Person should leave the country.
- b) Insured Person is expelled from or declared persona non grata in the country of visit.
- c) A Catastrophe (fire, flood, earthquake, Tsunami, Volcano Eruption, Storm, hurricane or epidemic due to contagious disease) has occurred in the country of visit the, necessitating Insured Person immediate evacuation to avoid risk of personal injury or illness.

Special Condition:

- a) In the event of a claim under this benefit, the Insured Person shall give immediate written notice to Us / Assistance Service Provider.

Specific Exclusion:

- a) Insured Person violating the laws or regulations of the country from which he/she is to be evacuated.
- b) Failure to produce or maintain immigration, work, residence, or similar visas, permits or other documentation.
- c) Failure to honor any contractual obligation or bond or to obey any condition in a license.
- d) Circumstances that resulted in the Insured's evacuation being in existence prior to the Insured entering the country or their occurrence being foreseeable to a reasonable person before the insured entered the country.
- e) Any exclusion mentioned in the "General Exclusions" Section 5 of this Policy.

4.2.13 Common Carrier Delay

In the event of delay of the Common Carrier (Sea or airlines only) at any Port specified in the Insured Person's main travel booking itinerary except in India whilst on a Trip overseas during the Period of Insurance, We shall reimburse cost incurred towards alternate travel booking under any mode of transport (however travel booking superior to original booking category is not covered) post deduction of compensation offered by service provider/ Airlines or through any other source, for travelling to the next Intended Destination up to the Sum Insured as specified in the Policy Schedule, if such delay is caused due to any of the following reasons:

- a) Inclement Weather
- b) Any strike, riots, industrial action at the Port or relating to the Common Carrier
- c) Delay by Common Carrier

Special Condition:

- a) The Insured Person shall submit to Us sufficient proof to substantiate the reason for such delay of the Common Carrier unless this proof is available to Us directly from a reliable source in the public domain.
- b) The delay of the Common Carrier is more than 3 hours from the scheduled departure time of the Common Carrier at the Port.
- c) We shall be liable under this Benefit for only one such delay, encountered by the Insured Person during the Policy Period, irrespective of whether the Policy is Single Trip or Multi Trip Policy.

Specific Exclusion:

- a) Delayed arrival of the Insured Person or Travelling Companion.
- b) 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.
- c) If the Common Carrier is taken out of service on the instruction of the Civil Aviation Authority, or any other governmental authority.
- d) Any exclusion mentioned in the "General Exclusions" Section 5 of this Policy.

4.2.14 Missed Connection

In the event of delay or cancellation of a prior connecting Common Carrier (airline) in which the Insured Person is travelling and misses a pre-booked onward connection, then we will pay for expenses incurred towards extra accommodation and travel costs (less refunds if any) up to the amount as specified in the Policy schedule to reach the next destination as shown in the main travel booking ticket / itinerary.

Special Condition:

- a) We shall cover only one such instance for single trip policies and a maximum of three instances for multi trip policies.
- b) We shall cover the extra accommodation and travel costs for the same class as originally planned.

- c) There should be a minimum of 4 hours gap between scheduled arrival of incoming common carrier and scheduled departure of connecting common carrier.
- d) Written confirmation from the common carrier to be submitted to Us stating the reason for the service not running as per its published timetable.

Specific Exclusion:

- a) Expenses which the Insured Person would have incurred during the normal course of the trip.
- b) Any claim caused by a strike or industrial action or any other reason for which the dates had been publicly announced or reported by media at the time the Insured Person bought this Policy.
- c) Claims not supported by a written report from the appropriate authorities of the common carrier.
- d) Any event where the authorities of the common carrier has offered a reasonable alternative transport or connection or the Insured Person's ticket for the connecting flight could have been used for an alternative connection.
- e) Any exclusion mentioned in the "General Exclusions" Section 5 of this Policy.

4.2.15 Child Escort

If an Insured Person sustains an illness or injury whilst on a trip overseas and that directly results in the death or hospitalization of the Insured Person during the Period of Insurance, we will pay the following expenses in relation to a Minor Dependent Child travelling with Insured Person and covered under this Policy.

- a) Round trip economy class air ticket for one adult immediate family member along with reasonable cost of accommodation
- b) Economy class air ticket for minor children.

Special Condition:

- a) The cover is available for a maximum of two minor children.
- b) We shall provide benefit for one such event during the Policy Period.
- c) Provided that there is no adult travelling companion to take care of the minor children.
- d) Provided that no adult immediate family member is present at the location of hospitalization.
- e) Claim under this cover is payable only if we have accepted claim under "Accidental Death" (Section 4.1.3) or "Emergency Medical Expenses" (Section 4.1.1.1).
- f) The treating medical practitioner certifies in writing that it is not advisable for the Insured Person to travel back to India based on the medical condition.
- g) The Insured Person should have been hospitalized for a minimum period of 5 consecutive days.

4.2.16 Loss of Gadgets

In the event of theft or robbery of the Insured Person's gadget while trip overseas during the Period of Insurance, we shall reimburse the market value of such gadgets subject to depreciation up to a maximum of Sum Insured as specified in the Policy Schedule. Depreciation value shall be calculated as per the below table:

Gadget Age	Applicable depreciation percentage
Up to 1 year	50%
> 1 year up to 2 years	70%
> 2 years up to 3 years	75%
> 3 years up to 4 years	80%

> 4 years up to 5 years	90%
> 5 years	95%

Special Condition:

- a) Gadget here means and applies to Laptop, Tablet, Mobile phone, Camera only.

Specific Exclusion:

- a) Any Loss of Insured Person's item sent in advance or shipped separately.
 b) Any item that was in baggage lost by common carrier.
 c) Loss arising from any detention or confiscation of baggage by customs officials or other public authorities.
 d) Any loss of software or data in laptop/ tablet/mobile phone/camera and any consequential loss.

4.2.17 Bounced Booking – Hotel / Common Carrier

If Accommodation provider/ Common Carrier (Air / Sea / Land) is unable to honor the Insured Person's confirmed bookings (pre-paid or contracted to pay), during the Period of Insurance, due to overbooking then we shall reimburse the difference of cost in original booking and alternate booking.

Special Condition:

- a) Original booking and alternate booking should be of the same class and for the same number of nights or same travel destination. Upgradation to higher class will be considered in case a similar alternate arrangement is not available.
 b) The Insured Person must always check-in on time or fulfil any other obligation on his / her part.
 c) In the case of international flights, the Insured Person is expected to have web-checked-in prior to his / her arrival at the airport.
 d) The overbooking at the common carrier must happen at check-in.

Specific Exclusions:

- a) Any booking for which the Insured Person is unable to furnish proof of booking/payment and bounced booking.
 b) Any contractual breach by the Insured Person including but not limited to non-adherence to the terms and conditions of the booking service provider.
 c) If the Insured Person had any waitlisted booking irrespective of whether such bookings have been promised to be confirmed later.
 d) Claims where the alternative travel/accommodation arrangements is provided by the service provider.
 e) If the Insured Person volunteers to take a late flight (Voluntary denied booking).

4.2.18 Car Rental Excess Cover

In the event of physical loss or damage to the rental car which is under control and custody of the Insured Person's whilst in trip overseas during the Period of Insurance, we will reimburse towards the "Excess Amount" that the Insured Person is obliged to pay up to a maximum of the Sum Insured as mentioned in the Policy Schedule.

This policy covers the Excess Amount following the theft or damage to rental car including the undercarriage, windows, and tyres.

Special Condition:

- a) The Insured Person should be covered under the terms of the car rental agreement in the event of theft or accident which is further covered by rental car insurance policy.
- b) Insurance is included in the total price of the car rental agreement.
- c) The driver should be the Insured Person who must hold a valid and effective international driving license which must be effective at the time of incident.
- d) The cover under this section shall incept from the time the Insured Person takes legal control of Rental Car and shall cease at the time Rental Agency assumes back control of rented car, subject always to the condition that the custody of such rental car with the Insured Person is during the period of his covered Trip only.
- e) Benefit under this section shall be payable for insured contingencies happening overseas.

Specific Exclusion:

- a) Operation of the vehicle in violation of the terms of the rental agreement.
- b) Automobiles, or other vehicles, which are not rental vehicles and not rented from a licensed rental agency.
- c) The rental of certain vehicles namely, motor homes, trailers or caravans, vans, trucks, non-passenger carrying vehicles, vehicles that carry more than 9 people including the driver, motorcycles, mopeds, motorbikes, off-road vehicles, and recreational vehicles.

4.2.19 Adventure Sports Cover

The Policy shall extend to cover for any disease / illness / injury / death related to or contracted due to Insured person's participation in hazardous or adventure sports activity under Emergency Medical Expenses (Section 4.1.1.1) and Accidental Death and Disablement (Section 4.1.3).

Special Condition:

- a) The extension of cover under this benefit shall not result in any increase in Sum Insured of the respective Coverage.
- b) The clause specified under Section 4.1.1.d and 5.o shall not apply to the extent of cover provided under this benefit.

Specific Exclusion:

- a) Non-adherence to the guidelines / instructions of the organizers of hazardous or adventure sports.
- b) Participation in a professional capacity and without supervision of trained professional.

4.2.20 Home Contents

We shall pay for the loss or damage to household contents and personal effects of Insured Person kept in his / her specified home in India during the Period of Insurance, whilst the Insured Person is on trip overseas.

The loss or damages are due to:

- a) Fire, lightning, explosion / implosion, aircraft damage
- b) Flood, inundation, Storm, cyclone, Typhoon, Tempest, Hurricane, Tornado
- c) Earthquake
- d) Burglary/Housebreaking

We shall not make any payment for more than 20% of the Sum Insured in respect of any one item and more than the Sum Insured mentioned in the Policy Schedule during the Policy period. This benefit is applicable for the entire Family and not on Insured Person.

Market Value means the value at which property insured could be replaced with one of the same kind, type, age, and condition.

Special Condition:

- a) In the event of total loss or damage of an item, we shall pay the Market Value of the item less any value for salvage. In the event of repairs of any item damaged, we shall pay the repair expenses, up to the Market Value of the item damaged.
- b) We may at our own option repair, reinstate or replace instead of paying the amount of loss or damage of the item.
- c) No payment will be made for any cost of any improvements/ alterations enhancements additions effected by the Insured Person.
- d) The Insured Person shall always take reasonable care of the property.
- e) Notification of any changes in the location or any other factor affecting our risk must be made by the Insured Person immediately to Us.
- f) If an event occurs giving rise to a claim under the policy the same must be notified in writing to Us and lodge a complaint with the police giving details of the items lost.

Specific Exclusion:

- a) The Insured Person/ any members of the Insured Person's Family or their domestic servant is directly/indirectly in any way involved in or concerned with the actual or attempted House breaking.
- b) The Insured Person's home is a building of Kutcha construction.
- c) Any loss or damage to, or on account of loss of, livestock, motor vehicles, pedal cycles, money, securities for money, stamp, bullion, deeds, bonds, bills of exchange, promissory notes, stock or share certificates, business books, manuscripts, documents of any kind, ATM debit or credit cards, precious stones that are not part of jewelry or ornaments, gold bullion.
- d) Loss or damage to any property/item illegally acquired, kept, stored or property subject to forfeiture in any manner whatsoever.
- e) Loss or damage which is recoverable under Fire Insurance Policy or any other policy.
- f) Consequential loss or legal liability of any kind.
- g) Any exclusion mentioned in the "General Exclusions" Section 5 of this Policy.

4.2.21 Pet Care

In the event of any illness or injury sustained by Insured Person's pet animal whilst under the care/ supervision of a friend, relative, house servant, family members or a Professional Carrier in India whilst the Insured Person's is on a trip overseas during the Period of Insurance, we shall pay for the medical expenses including fees for the Veterinary Doctor's towards the medical care and treatment of the pet animal (limited to either cats or dogs maximum up to 3 pets) up to a maximum of the Sum Insured specified in the Policy Schedule.

4.2.22 Travel with Pet Cover

In the event the Insured Person is travelling with his/her pet animal on a trip overseas during the Period of Insurance, we will pay following expenses up to the maximum Sum Insured as specified in Policy Schedule.

- a) Medical expenses incurred towards the inpatient hospitalization & / or outpatient treatment of the pet animal (not related or attributed to any pre-existing disease)

- b) Expenses incurred towards the safe and comfortable stay of a pet at the pet boarding house, if the Insured Person suffers an Injury or Illness due to which he/she is admitted in a hospital and there is no one to take care of the pet.

Special Condition:

- a) The Insured Person's pet has been validly transported and accommodated in accordance with the rules of the Common Carrier, hotel, or other provider of accommodation.
- b) The Insured Person's pet is maintained by himself / herself exclusively for company, protection, or entertainment, and not for the purposes of commercial or research.

4.2.23 Legal Expenses

We shall reimburse the legal costs up to a maximum Sum Insured as specified in the Policy Schedule towards expenses incurred by the Insured Person or the legal representative of the Insured Person towards claims from third parties for compensation against death, illness or injury of the Insured Person whilst on a trip overseas during the Period of Insurance.

We shall pay the Insured Person or his legal representative for:

- a) Nominating an appointed advisor.
- b) Prosecution costs for legal action on the behalf of the Insured Person or his legal representative.

Special Condition:

- a) The Insured Person or his legal representative shall keep us and the appointed advisor fully aware of all the facts and correspondence including any claim settlement offers made to Insured Person or his legal representative.
- b) We shall not be bound by any promises or undertakings which the Insured Person or his legal representative give to the appointed advisor, or to any person about payment of fees or expenses, without our consent.

4.2.24 Mugging Benefit

We shall pay a fixed benefit amount as specified in the Policy Schedule, if the Insured Person is mugged, in the country of visit whilst on trip overseas during the Period of Insurance.

Specific Exclusion:

- a) No claim will be paid if the incident is not reported to the local police within 24 hours of the assault and if no such report is obtained.

4.2.25 Golfer's Hole-in-one

In the event of an Insured Person being declared winner for a "hole-in-one" at any United States Golfers Association (USGA) recognized golf course in a country of visit whilst on a trip overseas, we will pay the expenses incurred by the Insured Person in celebration of achieving the "hole-in-one" during the Period of Insurance up to the maximum Sum Insured as specified in the Policy Schedule.

4.2.26 Sports Equipment Cover

In the event of Insured Person's own or hired Sports Equipment and / or its accessories being lost due to theft or robbery during trip overseas, we shall reimburse the market value of such lost equipment up to the maximum Sum Insured as specified in the Policy Schedule.

Special condition:

- a) The maximum depreciation applicable under this benefit shall not exceed 50% in any event.
- b) Receipts for items lost or stolen or proof of ownership should be preserved properly so as to the Insured Person to substantiate his claim.

Specific Exclusion:

- a) Insured does not report the loss or theft to the local police within 24 hrs. of discovering it and get a written police report from them.
- b) Loss or damage caused by delay, wear and tear, moths, vermin, weather and atmospheric conditions or mechanical failure.
- c) Loss of or damage to sports equipment and accessories left unattended.
- d) Any loss or damage to the property due to confiscation or detention by any authority other than airline.
- e) Any loss falling under the "General Exclusions" Section 5 of the Policy.
- f) Any amount of loss that has already been compensated by the club.

4.2.27 Weather Protection

In the event of an unavoidable cancellation of the Insured Person's Day(s) trip itinerary while on a trip overseas, due to adverse and unpredicted weather conditions which lead to incidents like but not limited to

- a. Failing of Public Transport
- b. Roads being blocked off en-route.

We will pay for the loss incurred towards unused day trip itinerary up to maximum Sum Insured as specified in the Policy Schedule during the Period of Insurance.

4.2.28 Debit Card / Credit Card / Forex Card fraud

In the event of loss or Theft of the Insured Person's bank issued debit/credit/forex card in a Country of Visit whilst on a trip overseas during the Period of Insurance, We shall reimburse the financial loss incurred by the Insured Person, arising out of any fraudulent utilization of such card from the time of such loss or Theft being reported until the time of such card being blocked by issuing bank, up to the maximum Sum Insured as specified in the Policy Schedule, provided that:

- a) All claims made under this Benefit shall be payable in India and in Indian Rupees only.
- b) The Insured Person must have taken all reasonable steps to avoid any loss, damage, or expense.
- c) The loss or theft is to be reported to the issuing bank as soon as practicable, and a written police report is to be furnished to Us.

Specific Exclusion:

- a) Any claims where the loss can or could have been recovered from any other source.
- b) Any claims where the reporting procedures of the issuing bank have not been followed as soon as practicable from the time of the Insured Person becoming aware of the loss or Theft.
- c) Any claim where loss or Theft is not notified to the local police as soon as practicable from the time of the Insured Person becoming aware of the loss or Theft.
- d) Any claim arising out of a loss where Insured Person has left the card unattended.
- e) Any costs incurred in procurement of a new card.
- f) Any claim arising out of a loss where the Insured Person, his/her Immediate Family Member, relative, colleague, Travelling Companion or business staff is involved as an accomplice or accessory.
- g) Any loss or damage of a consequential nature.

- h) Any financial loss or liability due to misuse of card occurring after the time of reporting the loss or Theft to the issuing bank.
- i) Any claim, which is in any manner fraudulent or supported by any fraudulent statement or device, whether by the Insured Person or by any person acting on behalf of the Insured Person
- j) Any loss falling under the 'General Exclusions' Section 5 of the Policy

4.2.29 Identity Theft

If the event of any expenses incurred by the Insured Person during Period of Insurance to resolve the Identity Theft, we shall reimburse the following expenses up to a maximum Sum Insured as specified in the Policy Schedule:

- a) Legal Expenses related to attorney and court fees incurred towards
 - (i) Defending any suit brought against the Insured by a creditor or collection agency or someone acting on their behalf as a result of the identity theft.
 - (ii) Removing any civil or criminal judgment wrongfully entered against the Insured as a result of the identity theft.
 - (iii) Challenging the accuracy or completeness of any information in the Insured Person's consumer credit report provided this information is inaccurate and falsely provided to the credit agency or financial institution as a result of identity theft.
- b) Lost Wages due to time taken from work solely as a result of the Insured Person's efforts to correct his/her financial records that have been altered due to identity theft. Payment of lost wages includes compensation for whole or partial unpaid workdays.
- c) Obligation to pay if any credit accounts and or bank accounts were opened in the Insured Person's name without his/her authorization towards
 - (i) Actual loss from the unauthorized account.
 - (ii) Legal obligation to pay a creditor when the account was created as part of the Insured Person's identity theft.
- d) Miscellaneous Expenses
 - (i) The cost of re-filing applications for credit accounts or banking accounts that are rejected solely because the lender received incorrect information as a result of identity theft.
 - (ii) The cost of notarizing documents related to the Insured Person's identity theft, long distance telephone calls, and certified mail reasonably incurred as a result of the Insured's efforts to report an identity theft or to correct the financial and credit records that have been altered as a result of the Insured's identity theft.
 - (iii) The cost of contesting the accuracy or completeness of any information contained in the Insured Person's credit history as a result of his/her identity theft.
 - (iv) The cost of a maximum of 4 (four) credit reports from an entity approved by us. The credit reports shall be requested when you make a claim.

Special Condition:

- a) The fraudulent account must have been opened in the Insured Person's name without his / her authorization.
- b) Any false charge or withdrawal from the unauthorized opened account must be verified by the Insured Person's financial institution.
- c) Coverage for false charges is limited to the amount that the Insured is held liable to pay the financial institution.
- d) We shall be permitted to inspect the Insured Person's financial records.

- e) The Insured Person shall cooperate with us and help us to enforce any legal rights the Insured or we may have in relation to his/her identity theft; this may include the Insured Person's attendance at depositions, hearings and trials, and giving evidence as necessary to resolve his/her identity theft.
- f) The expenses can be submitted up to 12 months after the Insured makes a claim.

Specific Exclusion:

- a) Monetary losses other than those covered above.
- b) Any physical injury, sickness, disease, disability, shock, mental anguish and mental injury including required care, loss of services or death.
- c) Requesting credit reports before the discovery of the Insured Person's identity theft.
- d) Taking time from self-employment or workdays that will be paid by the Insured Person's employer in order to correct the financial records that have been altered due to identity theft.

4.2.30 Cruise Cover

We shall reimburse the following expenses incurred by the Insured Person in excess of the deductible up to a maximum Sum Insured as specified in Policy Schedule during the Policy Period.

a) Missed Port Departure:

In the event where the Insured Person fails to arrive at the international departure point in time to board the ship on which he/she has booked to travel on the initial international journey of his/her trip as a result of:

- (i) The failure of scheduled public transport on which the Insured Person is travelling.
- (ii) An accident to or breakdown of the vehicle in which the Insured Person is travelling.
- (iii) An accident or breakdown occurring ahead of him on a motorway or dual carriageway which causes an unexpected delay to the vehicle in which the Insured Person is travelling, or Strike, industrial action or adverse weather conditions.

We shall reimburse the Insured Person reasonable additional accommodation (room only) and travel expenses necessarily incurred in joining the cruise ship journey at the next docking port.

b) Unused Excursions:

We shall reimburse the cost of pre-booked excursions, which Insured Person was unable to use, and which are not refundable from any other source as a direct result of being confined by the medical officer on the ship to Insured Person own cabin due to an accident or illness sustained during Period of Insurance.

c) Cruise Interruption:

In the event of an Insured Person requiring hospital treatment on dry land due to temporary illness, we shall reimburse the travel expenses incurred to reach the next port in order to re-join the cruise. The Insured Person has to submit a certificate from the treating medical practitioner in attendance to confirm the Insured Person's unforeseen illness or injury sustained during Period of Insurance.

The benefit payable under various heads shall not exceed the overall Sum insured and subject to the deductible as specified in the Policy Schedule for Cruise Cover.

4.2.31 Substitute Employee Expenses

We shall reimburse the cost of economy class round trip air ticket towards sending a substitute employee for an uncompleted assignment abroad, in case the Insured Person who was on a business assignment overseas and covered under this Policy, has to be transported/repatriated back to India, due to an illness, injury or unfortunate Accidental Death whilst trip overseas during Period of Insurance, provided that:

- a) Insured Person's hospitalization should last for a period of 7 consecutive days.
- b) Insured Person's travel was for a specific business purpose.
- c) The substitute employee commences his journey within 30 days from the date of Hospitalization of the Insured Person.
- d) This benefit can be claimed only once during the Policy Period.

Specific Exclusion:

- a) The exclusion mentioned under "Emergency Medical Expenses" (Section 4.1.1.1) and / or "Accidental Death and Disablement" (Section 4.1.3) shall be applicable.

4.2.32 Bail Bond

If the Insured Person is falsely arrested or wrongfully detained by any government or foreign authority during the Period of Insurance, then We will pay the bail bond amount in case you are acquitted by competent court and furnishing of relevant court documents.

This cover is available only for people who are traveling overseas on student visa for full time college or school education.

Specific Exclusion:

- a) Breach of law with any criminal intent.
- b) Driving a vehicle over the speed limit.

4.2.33 Cancer Screening and Mammography Cover

We will reimburse the expenses incurred towards cancer screening and mammography examinations during the Period of Insurance, provided that:

- a) Screening or examination has been prescribed by a medical practitioner.
- b) This cover is available only for people who are traveling overseas on student visa for full time college or school education.

4.2.34 Sponsor Protection

In the event of accidental death or permanent total disability of an Insured Person's education sponsor, while Insured Person is pursuing an educational course in the country of visit during Period of Insurance, we will pay a fixed benefit amount up to the Sum Insured as specified in the Policy Schedule for the below expenses:

- a) The unpaid tuition fees of remaining part of your enrolled full-time study in a registered educational institution.
- b) One-time round-trip economy class air-ticket between India and the city of Educational Institution.

Special Condition:

- a) Any actual/possible refundable amount pertaining to the original scheduled return ticket will be deducted from the admissible claim amount, if any.
- b) In the event of a claim, only the figures shown on official invoice(s) from the educational institution and voucher(s) of payment of the said Tuition fees, shall be used for calculating any reimbursement paid by Us.
- c) Simultaneous claims under "Study Interruption" cover and "Sponsor protection" are not permitted.
- d) This cover is available only for people who are traveling overseas on student visa for full time college or school education.

- e) If the Insured Person is eligible to receive / receives any scholarship for the tuition fees, then we will pay the difference between the amount due or paid under the scholarship and the amount payable in respect of the claim under this benefit.

Specific Exclusion:

- a) Any exclusion mentioned in the specific exclusion section of the "Accidental Death & Disablement" (Section 4.1.3) shall be applicable to the Insured Person's sponsor.

4.2.35 Study Interruption

In the event of any prolonged interruption/discontinuation of studies at an educational institution for an Insured Person who is pursuing an educational course in the country of visit during Period of Insurance, we will pay a fixed benefit amount up to the Sum Insured as specified in the Policy Schedule for the below expenses:

- a) The actual semester fees paid which cannot be refunded by the Educational Institution.
- b) One-time round-trip economy class air-ticket between the city of Educational Institution and country of residence, provided interruption happens when the insured is in India.

Above expenses will be payable provided:

- a) Insured Person is hospitalized for more than 30 consecutive days.
- b) Death or Permanent Total Disability of an Insured Person Immediate Family Member or the educational Sponsor during the policy period.

Special Condition:

- a) Any actual/possible refund amount from the Educational Institution will be deducted from the admissible claim amount.
- b) Any actual/possible refundable amount pertaining to the original scheduled ongoing/return ticket will be deducted from the admissible claim amount.
- c) In the event of a claim, only the figures shown on official invoice(s) from the educational institution and voucher(s) of payment of the said Tuition fees, shall be used for calculating any reimbursement paid by us.
- d) Simultaneous claims under "Study Interruption" cover and "Sponsor Protection" are not permitted.
- e) This cover is available only for people who are traveling overseas on student visa for full time college or school education.

4.2.36 Maternity and New-born Baby Cover

We will pay the medical necessary expenses related to Maternity as detailed below up to the limit as specified in the Policy Schedule during the period of Insurance.

- a) Coverage includes delivery, lawful medical termination of pregnancy and the cost of a midwife or obstetric nurse in the course of her pregnancy period.
- b) Newborn baby cover payable within maternity Sum Insured maximum up to 30 days from the date of birth of the newborn baby.

Special Condition:

- a) This cover is available only for people who are traveling overseas on student visa for full time college or school education with policy term equal to or more than 12 months.
- b) The Insured Person was not pregnant at the commencement of the Policy Period.
- c) A waiting period of 10 months will apply to all claims under this Benefit.
- d) Clauses 4.1.1.u and 5.r shall not apply to the extent of cover provided under this benefit.
- e) This benefit can be used only twice (delivery, lawful medical termination of pregnancy) during the insured person's lifetime.

Specific Exclusion:

- a) Any loss falling under the 'General Exclusions' Section 5 of the Policy

4.3 ASSISTANCE & VALUE-ADDED SERVICES

Assistance Service Provider will provide the following services as described below:

4.3.1 Arrangement of Emergency Medical Evacuation

The Assistance Service Provider will facilitate the arrangement for the air and or surface transportation and communication for moving to the nearest hospital where appropriate medical care is available on best efforts basis.

4.3.2 Arrangement of Local Burial or transfer of Mortal Remains.

The Assistance Service Provider will facilitate the arrangement for transporting Insured Person mortal remains from the Place of death to his/her home country or arrange for local burial at the place of death as requested by Insured Person's family.

4.3.3 Lost Luggage Assistance

The Assistance Service Provider will facilitate the Insured Person in the event of lost luggage while traveling outside the Home Country or Usual Country of residence by referring him/her to the appropriate authorities involved.

4.3.4 Arrangement of Compassionate Visit

The Assistance Service Provider will facilitate in arranging travel in respect of one return airfare for a relative or friend of the Insured Person wishing to visit the Insured Person, who is hospitalized outside his/her home country.

This Assistance Service will be available only if optional benefit (Section 4.2.9-Compassionate Visit) opted.

4.3.5 Lost Passport Assistance

The Assistance Service Provider will facilitate Insured Person in the event of loss of his/her passport while travelling outside the Home Country or Usual Country of Residence by referring to the appropriate authorities involved.

This Assistance Service will be available only if optional benefit (Section 4.1.11- Loss of Passport and Driving License) is opted.

Please note this service is not available for Loss of Driving License.

4.3.6 Bounced Booking - Hotel / Common Carrier

The Assistance Service Provider will facilitate in hotel/air booking accommodations for the Insured Person when traveling outside the Home Country or Usual Country of Residence. This Assistance Service will be available only if optional benefit (Section 4.2.17-Bounced Booking - Hotel / Common Carrier) opted.

4.3.7 Legal Assistance

The Assistance Service Provider shall facilitate the Insured Person, upon request, with the name, address, telephone number and, if available, office hours of available legal attorneys in foreign countries (collectively "Legal Service Provider").

Note - Assistance Service Provider shall not be responsible for providing legal advice or opinion or bearing any costs with respect to such advice or opinion.

This Service will only be available if optional benefit (Section 4.2.23- Legal Expenses) is opted.

4.3.8 Arrangement of Bail Bond

The Assistance Service Provider shall facilitate in respect of bail bond, for Insured Person's conditional release (for a non-criminal charge) when traveling outside the home country up to the limit specified.

Note - The Insured Person shall be responsible for any other related expense. The Provision of the bail bond is subject to Assistance Service Provider first securing payment from the Insured Person through his/her credit card or funds from the Insured Person's Family.

This Service will be available only if optional benefit (Section 4.2.32- Bail Bond) is opted.

4.3.9 Medical Service Referral

The Assistance Service Provider shall facilitate by providing the name, address, telephone number, operating hours for Physicians, hospitals, clinics, dentists in foreign countries on insured person request and if details for the same available.

Note – The Assistance Service Provider shall not be responsible for providing medical diagnosis or treatment or bearing any costs associated towards such diagnosis or treatment.

4.3.10 Arrangements of Appointment with Local Doctors for Treatment

The Assistance Service Provider will facilitate the Insured Person by scheduling appointments with local doctors for treatment.

4.3.11 Emergency Message Transmission Assistance

In the event of a medical emergency, the Assistance Service Provider will facilitate the Insured Person upon request to transmit urgent messages to family & friends.

4.3.12 Visa & Inoculation Details

The Assistance Service Provider shall facilitate information concerning visa and inoculation requirements for foreign countries, as those requirements are specified from time to time in the most current edition of World Health Organization Publication, Vaccination Certificates Requirements, Health Advice for International Travel (for inoculations) and the "ABC Guide to International Travel Information" (for visas).

This information will be provided to the Insured Person at any time, whether or not the Insured Person is travelling, or an emergency has occurred.

4.3.13 Interpreter Referral

The Assistance Service Provider will assist the Insured Person by providing available details on name, telephone numbers, operating hours of interpreters' office in foreign countries.

4.3.14 Embassy Referral

The Assistance Service Provider will facilitate the Insured Person by providing the address, telephone number and operating hours of the nearest appropriate consulate and embassy worldwide.

4.3.15 Golf Bookings – Domestic & International

The Assistance Service Provider shall facilitate the Insured Person for golf booking / lesson done in India or abroad while traveling during policy period.

The cost of golf booking / lesson shall be done by Insured Person.

4.3.16 Cyber Fraud & Digital Identity Theft Protection Program

The Assistance Service Provider shall facilitate Insured Person in identifying deceptive solicitations and advise on the following:

- a) If Insured Person receives a call for an investment or a job or any other offers which requires performance of a monetary transaction, then Assistance provider will investigate and prevent/advise from any scam or phishing schemes transactions.
- b) If Insured Person receives a link on his/her email ID, then Assistance provider will assist Insured Person in determining whether the link received is genuine or fraud.

If message received by Insured Person from any unknown contact number, then Assistance Provider will assist Insured Person to determine whether received message is spam and/or a scam message Assistance Provider will contact to Insured Person after completing the evaluation and assessment report will send through email.

4.3.17 Vehicle Care Services

Assistance Service Provider shall facilitate the Insured Person by providing details of services provider in India for Vehicle Care Services like Vehicle wash, sanitization, Battery Jump Start, Flat Tire and fuel delivery. The cost of the service will be paid by the Insured Person.

4.3.18 Personal & Home Appliance Repair (AC/TV/Fridge and other Home Appliances)

The Assistance Service Provider will facilitate arrangement towards IT assistance, pick up and drop of gadgets/machine for repair. This service will be arranged only within the geographical territory of India. The cost of the service will be paid by the Insured Person.

4.3.19 Automated Luggage Tracking Services

The Assistance Service Provider will facilitate the Insured Person by referring him/her to the appropriate authorities involved, If there is a baggage delay while traveling outside Home Country or Usual County of residence and share real-time notifications via email or SMS any time, there is a change in the status of the delayed baggage.

4.3.20 Online Doctor Consultation with E-Prescription

The Assistance Service Provider will facilitate Insured Person access to unlimited teleconsultation for any Illness or Injury sustained during the Policy period by an Indian General Medical Practitioner or health care professional. The cost of the service will be paid by the Insured Person

For the purpose of this Benefit, telephonic/virtual consultation shall mean consultation provided by a Medical Practitioner through various online mode of communication like audio, video, online portal. Teleconsultations are not used for any emergency medical condition.

The Assistance Service Provider will help facilitate access to get online medical second opinion by Indian specialist doctor or health professional if Insured Person is diagnosed with the covered Critical Illness during the Policy Period.

The cost of the service will be paid by the Insured Person.

Sr. No	List of Specified critical Illnesses Covered
1	Cancer
2	Myocardial Infarction (Heart Attack)
3	Coronary Artery Bypass Graft (CABG)
4	Major Organ Transplant
5	Stroke
6	Surgery of Aorta
7	Coronary Angioplasty
8	Primary Pulmonary Arterial Hypertension
9	Brain Surgery

4.3.21 Online Fitness Training

The insured person can opt for an online fitness or Yoga session facilitated by the Assistance Service Provider.

The expenses incurred for fitness or Yoga session / packages will be borne by Insured person.

4.3.22 Diet & Nutrition Sessions

The Assistance service Provider will help facilitate online sessions on nutrition, wellness, lifestyle & diet basis the information shared by Insured Person.

For the purpose of this Benefit, telephonic/virtual consultation shall mean consultation provided by a Medical Practitioner through various online mode of communication like audio, video, online portal. The cost of the service will be paid by the Insured Person.

4.3.23 Medical Diagnostic test (with doorstep sample pickup facility)

The Assistance service Provider will help to facilitate Home Diagnostic Services packages.

The diagnostic packages include Complete Hemogram, iron deficiency profile, Liver profile, Cardiac risk marker, Renal profile, Lipid Profile, Thyroid Profile, Diabetes profile, Hormone, Vitamins, Electrolyte, Toxic elements, Urinogram etc.

This service shall be subject to availability of empaneled Health Service provider and expenses incurred towards diagnostic test will be borne by Insured Person.

4.3.24 Online Psychologist Consultation

The Assistance Service Provider will facilitate access to telephonic/online counselling session during the Policy Period for discussion on general mental health issues with a clinical psychologist. These services shall not prescribe medication or provide access to psychiatric consultation.

The cost of the service will be paid by the Insured Person

Special Condition:

- a) All the above assistance services shall be offered on a best effort basis.
- b) All Insured Person aged 18 Years and above will be eligible to access services defined under Assistance & Value-Added benefit.
- c) Benefits can be availed via our FGII mobile application and are subject to the terms and conditions. The Insured Person needs to enroll into the FGII mobile App using his/her registered mobile and Policy number.

- d) Any information provided by the Insured Person in this regard shall be used solely for the purpose of providing Assistance services and always be kept confidential with Us/Our Assistance Service Providers.
- e) Availing these services is at the sole discretion of the Insured person and we are not liable, responsible, or deemed to be liable or responsible for any discrepancy in the information or Medical Advice provided.

5 GENERAL EXCLUSIONS (Applicable to all the sections)

We shall not be liable to make any payment under any Section of this Policy directly or indirectly for, caused by, based upon, arising out of or howsoever attributable to any of the following:

- a) Any Pre-Existing Disease.
- b) Any claim relating to events occurring before the commencement of the Period of Insurance or after the completion of the Period of Insurance.
- c) Any hospital admission or routine examination for investigative/ diagnostic purpose.
- d) Non-allopathic medicine and Alternative Treatments.
- e) Cosmetic surgery and plastic surgery.
- f) Any costs incurred on corrective and cosmetic dental surgeries.
- g) In so far as it relates to, the Insured:
 - (i) travelling against the advice of a Medical Practitioner.
 - (ii) receiving, or is on a waiting list to receive, specified medical treatment declared in a Medical Practitioner's report or certificate.
 - (iii) received terminal prognosis for a medical condition.
 - (iv) taking part in a naval, military or air force operation.
- h) Injury or Illness directly or indirectly caused by or contributed to by nuclear weapons/materials.
- i) In respect of your travel to any country other than declared in proposal form which is in the sanctioned list of travel restrictions issued by Government of India, travel to Mansarovar, Haj.
- j) Suicide, attempted suicide (whether sane or insane) or intentionally self-inflicted injury or illness, or sexually transmitted conditions, mental or nervous disorder, anxiety stress or depression, Acquired Immune Deficiency Syndrome (AIDS), Human Immune deficiency Virus (HIV) infection.
- k) Being under the influence of drugs, alcohol, or other intoxicants or hallucinogens unless properly prescribed by a Medical Practitioner and taken as prescribed.
- l) Any treatment related to alcoholism or drug dependency.
- m) Participation in an actual or attempted felony, riot, crime, misdemeanor, or civil commotion.
- n) Operating or learning to operate any aircraft or performing duties as a member of the crew on any aircraft.
- o) 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, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
- p) Act of Terrorism by the Insured or which is abetted by the Insured in any manner.
- q) Injury or Illness directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, war like operations (whether war be declared or not).
- r) Maternity related expenses
 - (i) Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except for ectopic pregnancy.
 - (ii) Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
- s) Any dental treatment or surgery unless necessitated due to an injury or acute pain.

- t) Unproven Treatments-Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
- u) Charges incurred in connection with cost of durable medical equipment (including but not limited to cost of instrument used in the treatment of Sleep Apnea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and oxygen concentrator for asthmatic condition, wheel chair, crutches, belts, braces, stocking, Glucometer and the like), any costs incurred on spectacles, contact lenses, hearing aids and purchase of BiPAP machine, namely that equipment used externally for the human body which can withstand repeated use; is not designed to be disposable; is used to serve a medical purpose, such cost of all appliances/devices whether for diagnosis or treatment after discharge from the Hospital.
- v) External Congenital Anomaly and related illness/ defect.
- w) Any internal congenital anomaly known to the Insured Person at the time of taking the Policy.
- x) Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
- y) All preventive care, vaccination/inoculation (except as post bite treatment), vitamins and tonics.
- z) Stem cell storage.
- aa) Loss or damage to bullion or unset precious stones, manuscripts, plans, drawings, securities, obligations or documents of any kind, coins or paper money, cheques, vehicles, and explosive substances unless otherwise expressly stated in the Policy.

6 GENERAL TERMS AND CLAUSES –

6.1 STANDARD GENERAL TERMS AND CLAUSES

6.1.1 Conditions Precedent

The due observance and fulfilment of the terms and conditions of the policy, by the insured person, shall be a condition precedent to any liability of the Company to make any payment for claim(s) arising under the policy.

6.1.2 Notice & Communication

- i. Any notice, direction, instruction or any other communication related to the Policy should be made in writing.
- ii. Such communication shall be sent to the address of the Company or through any other electronic modes specified in the Policy Schedule.
- iii. The Company shall communicate to the Insured at the address or through any other electronic mode mentioned in the schedule.

6.1.3 Fraud

If any claim made by the Insured Person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured Person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited. Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent or the Hospital/doctor/any other party acting on behalf of the Insured Person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

- a) the suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;
- b) the active concealment of a fact by the Insured Person having knowledge or belief of the fact;
- c) any other act fitted to deceive; and
- d) any such act or omission as the law specially declares to be fraudulent.

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the Insured Person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

6.1.4 Claim Settlement (provision for Penal Interest)

- a) The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- b) In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- c) However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- d) In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

6.1.5 Complete Discharge

Any payment to the policyholder, Insured Person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

6.1.6 Disclosure to Information Norm

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.

(Explanation: "Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk)

6.1.7 Material Change

The Insured shall notify the Company in writing of any material change in the risk in relation to the declaration made in the proposal form or medical examination report at each Renewal and the Company may, adjust the scope of cover and / or premium, if necessary, accordingly.

6.1.8 Possibility of Revision of Terms of the Policy Including the Premium Rates

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are affected.

6.1.9 Redressal of Grievance

In case of any grievance, the Insured Person may contact the company through

Website: <https://general.futuregenerali.in/>

Toll Free: 1800-220-233 / 1860-500-3333 / 022-67837800

Email: Fgcare@futuregenerali.in

Courier: Grievance Redressal Cell, Future Generali India Insurance Company Ltd.

Lodha I –Think Techno Campus, B Wing –2nd Floor, Pokhran Road –2, Off Eastern Express Highway
Behind TCS, Thane West – 400607

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

If Insured person is not satisfied with the redressal of grievance through one of the above methods, Insured Person may contact the grievance officer at fggro@futuregenerali.in or call at: 7900197777.

For updated details of grievance officer, kindly refer the link

<https://general.futuregenerali.in/customer-service/grievance-redressal>

If Insured person is not satisfied with the redressal of grievance through above methods, the Insured Person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.

Kindly refer to the annexure on Grievance Redressal Procedures.

Grievance may also be lodged at IRDAI Bima Bharosa (an Integrated Grievance Management System) -

<https://bimabharosa.irdai.gov.in/>

6.2 SPECIFIC GENERAL TERMS AND CLAUSES

6.2.1 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.

6.2.2 Assignment

The policy can be assigned subject to applicable laws.

6.2.3 Assistance Service Provider

Assistance Service provider such as doctors clinic, diagnostic centre, medicine, drug vendor, medical service provider, emergency financial assistance etc enlisted by us to provide services towards Insured person. To avail service the Insured Person can contact Assistance Service Provider details below:

Address: Europ Assistance India Pvt. Ltd.,

761 Solitaire Corporate Park.

167 Guru Hargovindji Marg, Chakala,

Andheri(E), Mumbai – 400 093.

Email ID: fgi@europ-assistance.in

Overseas policy holders can call us on any of the Toll-free numbers listed below. Kindly refer to the column 'Accessible from (Phone type)'.

Country	Number to be dialed	Accessible from
USA	8775729854	Mobile phone

Canada	8775729855	Mobile phone
Russia	8-10-8002-7554011	Local landline or Payphone
New Zealand	00 +800-18001900	Local landline or Payphone
Singapore	001 +800-18001900	Local landline or Payphone
Malaysia	00 +800-18001900	Local landline or Payphone
Australia	0011+800-18001900	Local landline or Payphone
Austria	00 +800-18001900	Local landline or Payphone
China	00 +800-18001900	Local landline or Payphone
France	00 +800-18001900	Local landline or Payphone
Germany	00 +800-18001900	Local landline or Payphone
UK	00 +800-18001900	Local landline or Payphone
Netherlands	00 +800-18001900	Local landline or Payphone
Belgium	00 +800-18001900	Local landline or Payphone
Portugal	00 +800-18001900	Local landline or Payphone
Denmark	00 +800-18001900	Local landline or Payphone
Hong Kong	00 +800-18001900	Local landline or Payphone
Norway	00 +800-18001900	Local landline or Payphone
Spain	00 +800-18001900	Local landline or Payphone
Finland	00 +800-18001900	Local landline or Payphone
Poland	00 +800-18001900	Local landline or Payphone
Thailand	00 +800-18001900	Local landline or Payphone
Ireland	00 +800-18001900	Local landline or Payphone
Philippines	00 +800-18001900	Local landline or Payphone
Italy	00 +800-18001900	Local landline or Payphone
Hungary	00 +800-18001900	Local landline or Payphone

In case there is no Toll free number for the country you are calling from, you may please Call us on the our India

Landline number - +91 22 67347841 (This number is chargeable and accessible 24 X 7 X365). You may also ask for a call back on this number and we will immediately call you back on your preferred number as provided during the call request.

National Toll-Free number for your relatives in India is 1800 209 2333.

Alternatively, you may also write to us at fgi@europassistance.in / fgi.travel@futuregenerali.in

6.2.4 Cancellation of Policy

1. You may terminate this Policy at any time before the Policy commencement date (i.e. before start date and time of Period of Insurance in case of Single trip OR from start date and time of First period of Insurance within Policy Period in case of Multi trip policies) by giving Us written notice and the Policy shall terminate. We will refund 100% of premium to the insured Person.
2. In event of cancellation of the Policy after the proposed date of commencement of Trip within 7 days, Insured Person shall be entitled to a refund of the premium subject to Our retention of minimum of Rs 250, provided that no Period of Insurance has commenced. We will verify the original passport and ensure that no Trip was undertaken before any refund of premium.
3. This Policy constitutes the complete contract of insurance. This Policy cannot be changed by anyone (including an insurance agent or broker) except Us. Any change that We make will be evidenced by a written endorsement signed and stamped by Us.

4. We may terminate/cancel this Policy on grounds of untrue or incorrect statements, misrepresentation, fraud, misdescription or non-disclosure of material facts in the proposal, personal statement, declaration and connected documents, or any material information having been withheld, or non-cooperation by You or any Insured Person or a claim being fraudulent or any fraudulent means or devices being used by the Insured anyone acting on Your behalf or on behalf of an Insured Person to obtain any benefit under this policy, upon 30 days' notice by sending an endorsement to Your address shown in the Policy Schedule and no refund of premium shall be made by the Company.
5. After the commencement of the Journey,
 - a) if we receive a cancellation request from the Insured Person from start date of Journey (in case of Single trip) OR from start date of each Journey (within Policy Period in case of Multi trip) and before arriving back to India, OR
 - b) In case of any early return of the insured person prior to expiry of the Policy Period/Period of Insurance,

In both scenarios above (a) & (b), we will refund premium on pro-rata basis as defined in table below, if no claim has been made under the Policy.

Period of Risk	Rate of Premium Retained by Us
Above 50% of Period of Insurance	100% of premium
Above 40% to 50% of Period of Insurance	80% of premium
Above 30 % to 40 % of Period of Insurance	75% of premium
Above 20 % to 30% of Period of Insurance	60% of premium
Up to 20% of Period of Insurance	50% of premium

6. An Annual Multi Trip Policy will automatically terminate at the end of the Policy Period
7. No claim will be considered under this policy once cancelled on the request of Insured.

6.2.5 Due Care

The Insured shall take all reasonable steps to safeguard the Insured's interests against loss or damage that may give rise to a claim.

6.2.6 Electronic Transactions

The Insured Person agrees to adhere to the terms and conditions and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the internet, world wide web, Electronic data interchange, call centres, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication established by or on behalf of 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.

6.2.7 Eligibility

Cover Type	Individual Basis
Family	Self, Spouse & 4 Dependent Children, Parents and Parents-in-Law
Trip Type	Single trip – Cover of the Insured Person which cannot be more than one Period of Insurance during Policy Period.

	Annual Multi Trip-Cover under the policy where there can be more than one Period of Insurance for Insured Person during Policy Period subject to maximum trip duration (per trip) as opted.
Trip Duration limit	<ol style="list-style-type: none"> 1. Single Trip - 1 Day to 180 Days 2. Annual Multi Trip - 30 / 45 / 60 / 90 Days per Trip 3. Student - Two year (730 days) subject to actual study period (whichever is less) <p>Note for Student Policy: In case of Student Insurance, if the insured student returns to the Country of Residence for a vacation or for any other reason, then this Policy shall not offer cover during the period of such stay in the Country of Residence. However, the Policy shall resume to offer cover to the insured student after he leaves the Country of Residence for such a period of temporary stay.</p>
Age Criteria (Dependent child/ Adult)	<p>Single Trip –Minimum Day 1 Maximum- 70 years</p> <p>Annual Multi Trip - Minimum Day 1 Maximum- 70 years</p>
Age Criteria (Senior Citizen)	<p>Single Trip –Minimum 71 years Maximum- 90 years</p> <p>Annual Multi Trip –Minimum 71 years Maximum- 90 years</p>
Age Criteria (Student)	<p>Single Trip –Minimum 16 years Maximum- 50 years</p> <p>Annual Multi Trip - Not Applicable</p>
Plan Options	<p>Single Trip - Standard, Silver, Gold, Platinum & Senior Citizen</p> <p>Annual Multi Trip - Gold Plus, Platinum Plus & Senior Citizen Plus</p>
Extension Criteria	<p>Max trip duration including extension cannot exceed 365 days in Policy Period.</p> <p>Policy Extension for Student Policy would be provided up to maximum 730 days.</p>
Frequency of Extensions during Policy Period	<p>Single Trip – Multiple</p> <p>Annual Multi Trip – Not Applicable</p>
Geographical Area	<p>Worldwide including USA & Canada</p> <p>Worldwide excluding USA & Canada (not applicable for Accidental Death & Disability Benefit)</p>
Initial /Pre-existing /named illness waiting period	Not Applicable
Renewal Condition	Not Renewable
Grace Period	Not Applicable
Pre Policy-Medical Tests	100% of Cost will be borne by Insured Person
Discount	Family Discount- 5% (In case of more than one Insured covered under the same policy)

	Web sales / Tele sales discount/ Employee discount - 15%
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6.2.8 Extension of the policy period

On the Policyholder's written request, the Company may extend the Policy Period subject to details provided under good health declaration and claim experience.

If any Claim has been made under the Policy in respect of the original Policy Period, then the Insured shall be not entitled to policy extension.

(a) Extension of the Policy Period for a Single Trip Policy -

The maximum period for travel extension should not exceed 180 days. Total coverage including extensions will not be provided for more than 365 days.

For Student- Extension would be provided up to maximum 730 days.

(b) Extension of the Geographical Scope of the Policy-

On the Policyholder's written request, the Company may extend the Geographical Scope of the Policy specified in the Policy Schedule subject to details provided under Good health declaration and claim experience , provided that the additional premium specified by the Company is received in advance of commencement of coverage and provided that the Insured Person has not already entered any part of the proposed extended Geographical Scope of the Policy or made any medical related Claim under the Policy.

(c) All requests for extensions must be made at least 7 days before the expiry of the original Policy Period and accompanied by all the following information and documents:

- i. Details of complete particulars of all Claims.
- ii. A good health declaration.

(d) However, if the request to extend the Policy is received post expiry of policy period end date but within 3 days then coverage shall be reinstated case to case basis on details provided under extension application form, claim experience and medical declaration, Coverage shall follow general underwriting guidelines as specified in board approved underwriting policy. In such case Company shall not be liable for any Claim arising during the Policy Period End Date and date of receipt of premium.

(e) This product may be withdrawn by the Company after due approval from IRDAI. In case this product is withdrawn by the Company. This Policy can be extended under the prevailing product, or its nearest substitute approved by IRDAI. The Company shall duly intimate the Policyholder regarding withdrawal of this product and the options available to the Policyholder at the time of extension of this policy.

(f) The policy shall not be renewable upon expiry of Policy Period.

6.2.9 Free Look Period

a) Single Trip Insurance - Free look period is not applicable.

b) Annual Multi Trip Policy - You have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy provided no trip has been commenced. If You have any objections to any of the terms and conditions, you have the option of cancelling the Policy stating the reasons for cancellation and You will be refunded the premium paid by You after adjusting the amounts spent on stamp duty charges and proportionate risk premium.

You can cancel Your Policy only if You have not made any claims under the Policy.

All Your rights under this Policy will immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not applicable and available at the time of renewal of the Policy.

6.2.10 Governing Law

The construction, interpretation and meaning of the provisions of this policy shall be determined in accordance with the laws of India. The section headings of this Policy are included for descriptive purposes only and do not form part of this Policy for the purpose of its construction or interpretation. The terms of this Policy shall not be waived or changed except by endorsement issued by Us.

6.2.11 Multiple Policies

- a) In case of an insured person having purchased a similar/identical insurance cover, from any other insurer, during a unique period of insurance in order to indemnify costs of treatment, such insured person shall have the right to require a settlement of claim in terms of any of those insurance policies. In all such cases, the respective insurer, as may be chosen by such insured person, shall be obliged to settle the claim as long as such claim is within the limits of and in accordance with the terms of the chosen policy.

For a unique period of insurance, we will admit and acknowledge only one insurance cover, from amongst the available plan options for the age bands to which the proposer and/or the proposed insured persons belong.

If we learn about the policyholder or any of the insured person(s) having purchased further insurance policy(s) of like nature from us and these insurance policies pertain to the same unique period of insurance, we will be entitled to cancel/terminate the insurance covers of like nature which have been purchased on a date post the inception date of the insurance policy first purchased. In such instances, 100% of the premium amount shall be refunded to the policyholder or the insured person, as may be applicable, and no claims, pertaining to such cancellable/terminable insurance policies shall be admissible by us.

- b) The policyholder, holding multiple policies through other insurers, shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies, even if the sum insured is not exhausted. Then the Insurer(s) shall independently settle the claim subject to the terms and conditions of this policy.
- c) If the amount to be claimed exceeds the sum insured under a single policy after, the policyholder shall have the right to choose insurers from whom he/she wants to claim the balance amount.
- d) Where an insured has policies from more than one insurer to cover the same risk on an indemnity basis, the insured shall only be indemnified for the hospitalization costs in accordance with the terms and conditions of the chosen policy.

6.2.12 Policy Currency

The monetary limits applicable under each benefit of this Policy will be expressed in the same currency specified in the Policy Schedule. Claims paid in the local currency will be converted at the spot exchange rate on the date of payment of expenses.

6.2.13 Policy dispute

- a) Wherever there is decision to be taken by Insurer, which happen to be at variance with the customers proposal, declarations and other such conduct and opportunity of natural justice shall be provided to him before a decision is taken on the merit and circumstances of the question.
- b) Any and all dispute or differences under all in relation to the validity, construction, interpretation and effect of this policy shall be determined by the Indian Court and in accordance with Indian Law.

6.2.14 Withdrawal of Policy

- a) There is possibility of withdrawal of this product at any time in future with appropriate approval from IRDAI, as We reserve Our right to do so with an intimation of 3 months to all the existing insured Persons. In such an event of withdrawal of this product, at the time of Your seeking extension of this

Policy, you can choose, among Our available similar and closely similar Travel insurance products. Upon Your so choosing Our new product, you will be charged the Premium as per Our Underwriting Policy for such chosen new product, as approved by IRDAI.

- b) Provided however, if You do not respond to Our intimation regarding the withdrawal of the product under which this Policy is issued, then this Policy shall be withdrawn and shall not be available to You for any extension and accordingly upon Your seeking extension of this Policy, You shall have to take a Policy under available new products of Us subject to Your paying the Premium as per Our Underwriting Policy for such available new product chosen by You.

6.3 OTHER TERMS AND CLAUSES

6.3.1 Claims Procedures

Upon the occurrence of any event, illness, injury that may give rise to a claim under this policy, then as condition precedent to the company's liability under the policy, the Insured Person or the nominee or legal heir (if the Insured Person deceased) shall undertake all the following in addition to any specific requirements specified within the benefit and which the claim is made.

6.3.1.1 Intimation

- a. Notification to company either at company call center or the Assistance Service Providers call centre or in writing immediately in any event within 7 days from the date of loss under which claim is made.
- b. It is agreed and understood that the following details are to be provided to the company at the time of intimating the claim
 - i. Policy Number;
 - ii. Name of the Proposer;
 - iii. Name of Insured Person in respect of whom claim is made;
 - iv. Name of event;
 - v. Name and address of attending Medical Practitioner and hospital(if applicable);
 - vi. Date of admission to hospital or date of loss (as applicable)
 - vii. Any other information, documents or details required by the company or the Assistance Service Provider.

6.3.1.2 Claim Settlement Facility

- a. Cashless Facility

Available only at Network Provider for Inpatient hospitalization. The Insured Person can avail of this cashless facility at the time of admission into a Network Provider, by completing the following process.

 - i. Preauthorization- The Insured Person must call the company's / Assistance Service Provider call center as specified in the Policy Schedule and request authorization for the proposed treatment by way of submission of a completed preauthorization form at least within 24 hours of admission to hospital, if hospitalization required.
 - ii. The company will process the request for preauthorization after having obtained accurate and complete information in respect of illness or injury for which cashless facility to sought to be availed. The company or Assistance Service Provider will confirm in writing approval or rejection of the authorization to avail cashless facility for Insured Person hospitalization.
 - iii. If the request for availing cashless facility is authorized by company or the Assistance Service Provider, then the payment for medical expensed incurred in respect of Insured Person shall not have to be paid to the extent that such medical expenses covered under

the policy and fall within the amount authorized in writing by company to availing cashless facility. Payment in respect of all deductibles an amount exceeding sub limits as applicable shall be made directly by Insured Person to the Network Provider.

- iv. If the company or Assistance Service Provider does not authorized the cashless facility due to insufficient sum insured or insufficient information provided to the company or Assistance Service Provider to determine the admissibility of claim or if the treatment is not taken at the Network Provider, payment for the treatment will be made by Insured Person to the Network Provider, following which a claim for reimbursement may be made to the company which will be considered subject to terms, condition and exclusions under the Policy.
- v. It is agreed and understood that in all cases where availing a cashless facility has been authorized in writing by the company or Assistance Service Provider, all the information and documents as specified for the benefit shall be submitted to the company or Assistance Service Provider immediately or in the event before the Insured Person discharged from Network Provider.

It is agreed and understood that the company may, in its sole discretion, modified or add the list of Network Provider or modify or restrict the extend of cashless facility that may be availed at any particular Network Provider. Before availing cashless facility, Insured Person is required to check applicable list of Network Provider for the area where he/she intend to avail cashless facility through the Assistance Service Provider call center number as provided in Policy Schedule or by visiting Assistance Service Provider/ our company website.

b. Reimbursement Facility

- i. It is agreed and understood that all cases where intimation of claim has been provided under reimbursement facility and / or the company specifically states that a particular benefit is payable only under reimbursement facility or payout is on fixed basis, all the information and documents specified in under Section 6.3.1.3 shall be submitted to the company at Insured Persons own expenses, immediately and in any event within 30 days of the Insured Person discharge from hospital.
- ii. The company shall give acknowledge of the collected documents. However, in case of any delayed submission, the company may examine and relax the time limit upon merit of case.
- iii. In the case of reimbursement claim after preauthorization letter has been issued for the same case earlier before processing such claim, a check will be made with the Network Provider where preauthorization is utilized.
- iv. For Claim settlement under reimbursement, the company will pay the Insured Person. In the event of death of the Insured Person the company will pay the nominee (as mentioned in the Policy Schedule) and in case of no nominee, to the legal heir or legal representative of the Insured Person whose full and final discharge of its liability under the policy.

6.3.1.3 Claim documents

The Insured Person (or nominee or legal heir if Insured Person deceased) shall (at his own expense) provide the following documents as specified below and any additional information as necessary under which the claim is been made with the company / Assistance Service Provider immediately and in any event within 30 days of the occurrence of event.

a) Common Claim Documents Required for all claims.

- i. Duly filled Claim form with the documents as indicated.
- ii. The original ticket / boarding pass or a copy of the passport indicating the travel date and time must be submitted with every claim, along with the completed claims form.
- iii. For Medical care - Please attach Doctor's reports, original admission / discharge card, original bills / receipts / with prescriptions and diagnostic / investigative reports, copy of passport / visa with entry and exit stamp and copy of the ticket and boarding pass.
- iv. Bills/vouchers/reports/discharge summary must mention the name of the Insured Person treated, the type of illness, details of the individual items of medical treatment provided and the dates of treatment.

Prescriptions must clearly show the medicines prescribed.

The pharmacy bills must clearly show the price and the receipt stamp of the pharmacy.

Treatment taken on different dates for separate ailments will be treated as separate claims.

Note:

- The claim form should clearly indicate the same and supporting should be provided for each one.
 - Deductible will be applied as specified in Policy Schedule of this Policy.
- v. Birth/death certificate (if applicable).
 - vi. Copy of proposer photo ID proof & address proof.
 - vii. NEFT Form with photocopy of cancelled cheque with printed name of proposer.
 - viii. Copy of the Claim Intimation, if any
 - ix. In the event of Your/Insured Person's death, You/Insured Person's nominee/legal heir claiming on his/her behalf must inform Us in writing immediately and send Us a copy of the postmortem report (if any).

b) Additional Claim Documents Required for below benefits.

Sr. No	Benefit	Documents required
1.	Repatriation of Remains (Section 4.1.1.5)	<ul style="list-style-type: none"> • Copy of the death certificate providing details of the place, date, time, and the circumstances and cause of death. • Copy of the postmortem certificate, if conducted. • Documentary proof for expenses incurred towards disposal of the mortal remains. • In case of transportation of the body of the deceased to the place of residence, the receipt for expenses incurred towards preparation and packing of the mortal remains of the deceased and also for the transportation of the mortal remains of the deceased.
2.	Dental Treatment Expenses (Section 4.1.2)	<ul style="list-style-type: none"> • Bills/vouchers/ reports must give the details of the tooth treated and the treatment performed
3.	Accidental Death & Disablement – AD, PTD & PPD	<ul style="list-style-type: none"> • Police report, • Post Mortem Report. • Death certificate.

	(Section 4.1.3) Accidental Death & Disablement – Common Carrier (AD, PTD & PPD) (Section 4.2.5)	<ul style="list-style-type: none"> • Medical report. • Certificate from treating Doctor for Permanent Disability. • Additionally apart from once mentioned under Section 4.1.4. • Valid ticket or certificate from common carrier establishing the Insured Person bonafide travel in the affected common carrier at the time of accident.
4.	Hijack Cover (Section 4.1.4)	<ul style="list-style-type: none"> • Copy of passport / visa with entry & exit stamp (if any); • Copy of the ticket and boarding pass; • Police report with details such as the passport number of the Insured & period of hijacking, newspaper reports (if available).
5.	Trip delay (Section 4.1.5)	<ul style="list-style-type: none"> • Original bills of purchases made / expenses incurred during the period of delay; • Copies of correspondence with airline authorities certifying the delay, along with details of compensation received from airlines / other authorities (if any); • Copy of ticket & boarding pass; • Copy of the passport / visa with entry & exit stamp.
6.	Trip Cancellation (Section 4.1.6) Trip Curtailment (Section 4.1.7)	<ul style="list-style-type: none"> • Details of expenses incurred; • Original bills of expenses incurred due to cancellation; • Copies of cancellation correspondence with airline authorities, hotel, car rental and tour operator certifying the cancellation, along with details of compensation received from airlines / other authorities (if any); • Copy of ticket & boarding pass (if any); • Copy of the passport / visa with entry & exit stamp (if any); • Proof of the reason for cancellation like Death certificate etc.
7.	Delay of Checked-in Baggage (Section 4.1.8)	<ul style="list-style-type: none"> • Details of items purchased during the delay period; • Copies of baggage tags; • Copies of correspondence with airline authorities certifying the delay, along with details of compensation received from airlines / other authorities (if any); • Property Irregularity Report (obtained from airline); • Original bills/ receipts / invoices connected to expenses incurred / purchases made during the delay period; • Copy of the passport/visa with entry & exit stamp

8.	Loss of Checked-in Baggage (Section 4.1.9)	<ul style="list-style-type: none"> • Details of individual items lost, approximate cost and purchase date; • Copies of baggage tags; • Copies of correspondence with airline authorities / others about loss of checked baggage, along with details of compensation received from airlines / other authorities (if any); • Property Irregularity Report (obtained from airline); • Copy of the passport / visa with entry & exit stamp; • Adequate proof of ownership of items contained within checked in baggage valued in excess of the Indian rupee equivalent of USD 100 for loss/delay of checked-in baggage will need to be submitted; • Further, the Insured has to provide as an undertaking in writing stating that in the event if the baggage is traced and returned to him / her, he / she will be refunding the entire claim amount settled under this policy
9.	Personal Liability (Section 4.1.10)	<ul style="list-style-type: none"> • Detailed self-explanatory note stating scenario arises in to third party loss; • Court order or any judicial order received against the compensation.
10.	Loss of Passport & Driving License (Section 4.1.11)	<p>Loss of Passport –</p> <ul style="list-style-type: none"> • Copy of new passport; • Copy of previous passport (if available); • Original bills / invoices of expenses incurred for obtaining a new passport; • Copy of FIR / police report. <p>Loss of Driving License-</p> <ul style="list-style-type: none"> • Copy of new International Driving License; • Copy of previous International Driving License (if available); • Original bills / invoices of expenses incurred for obtaining a new International Driving License, Copy of FIR / police report.
11.	Automatic Trip Extension (Section 4.1.12)	<ul style="list-style-type: none"> • Declaration from Insured Person furnishing the circumstances that compelled him to extend the trip;
12.	Compassionate Visit (Section 4.2.9)	<ul style="list-style-type: none"> • A certificate from Treating Medical Practitioner recommending the presence in the form of special assistance to be rendered by additional member during entire period of hospitalization; • The certificate shall also specify the minimum period in which the person is admitted in hospital; • Stamp Boarding pass with invoice use for travel by immediate family member

		<ul style="list-style-type: none"> • Copy of passport of immediate family member with entry & exit stamp.
13.	<p>Political Risk & Catastrophic Evacuation (Section 4.2.12)</p> <p>Weather Protection (Section 4.2.27)</p>	<ul style="list-style-type: none"> • Official Declaration by embassy of Country of Residence of the Insured; • Original Invoice of Hotel accommodation during the period Insured is unable to return to the India; • Written statement narrating the incident of loss i.e. type of loss, causes, circumstances and the place. • Local news, weather report, associated news references in support of the claim. • Original ticket(s) used for the travel back to the India.(applicable for Section 4.2.12).
14.	<p>Common Carrier Delay (Section 4.2.13)</p>	<ul style="list-style-type: none"> • Original bills of purchases made / expenses incurred during the period of delay; • Copies of correspondence with airline authorities certifying the delay, along with details of compensation received from airlines / other authorities (if any); • Copy of ticket & boarding pass; • Copy of the passport / visa with entry & exit stamp.
15.	<p>Missed Connection (Section 4.2.14)</p>	<ul style="list-style-type: none"> • The confirmation from the flight operator of the delayed flight as to the expected time of arrival and the actual time of arrival at the port of delay together with the reasons for delay; • Unused ticket for the ongoing flight (Missed Flight) with an endorsement of the Common Carrier of cancellation of the same; • Certificate from the flight operator of the Missed Flight that the fare for the part of the Trip covered by the Missed Flight is forfeited in full or in part together with the amount of forfeiture; • Original used ticket obtained afresh towards the alternative flight for the part of the Trip covered by the Missed Flight indicating the amount paid as fare;
16.	<p>Child Escort (Section 4.2.15)</p>	<ul style="list-style-type: none"> • A certificate from the Medical Practitioner specifying the cause and minimum period of Hospitalization; • Discharge summary of the Hospital furnishing details - date of admission, date of discharge and the confirmation by the attending Medical Practitioner of presence of the attendant member of the family or near relative on all days of Hospitalization;

		<ul style="list-style-type: none"> • Original ticket(s) used for the travel by the Minor Child(ren) back to the India , if the ticket(s) are bought on behalf of the Insured without any interference of the Company; • Photocopy of the death certificate (wherever applicable) providing the details of the place, date and time, and the circumstances and cause of the death (photocopy of the post mortem certificate, wherever required by the Assistance Service Provider, for cases where postmortem is conducted), issued by the appropriate authority where the contingency has arisen;
17.	<p>Loss of Gadgets (Laptop, Tablet, Mobile Phone & Camera) (Section 4.2.16)</p> <p>Debit Card / Credit Card / Forex Card Fraud (Section 4.2.28)</p>	<ul style="list-style-type: none"> • Copy of the police report (wherever applicable). Details of the attempts made to trace the laptop, tablet, mobile or camera; • Letter defining incidence of theft; • Bill copy for the laptop, tablet, mobile, camera, Debit Card / Credit Card / Forex Card as applicable; • Certificate from the card issuing bank confirming the financial transactions post loss of card (Applicable for Section 4.2.28).
18.	<p>Bounced Booking - Hotel / Common Carrier (Section 4.2.17)</p>	<ul style="list-style-type: none"> • Written confirmation from the Common Carrier/ accommodation provider / ticket provider stating the reason and date for the service cancellation; • Any receipt of refund or travel voucher provided in lieu of the original booking being dishonor; • Bill and payment receipt for alternate ticket / accommodation booking.
19.	<p>Car Rental Excess Cover (Section 4.2.18)</p>	<ul style="list-style-type: none"> • Copy of car rental agreement; • A police report/ FIR confirming the incident; • Copy of Internationally recognized license.
20.	<p>Home Contents (Section 4.2.20)</p>	<ul style="list-style-type: none"> • FIR/ copy of police report obtained within 24 hours; • Written statement narrating the incident of loss i.e. type of loss, causes, circumstances and the place; • Receipt of Purchase of items claimed under this benefit;
21.	<p>Pet Care (Section 4.2.21)</p> <p>Travel with Pet Cover (Section 4.2.22)</p>	<ul style="list-style-type: none"> • Receipts for fees paid to Pet house; • Medical records in case of Insured's hospitalization; • Medical records towards the medical care and treatment of the pet animal from Veterinary Doctor's; • Bill and payment receipt towards Veterinary Doctor's.

22.	Legal Expenses (Section 4.2.23)	<ul style="list-style-type: none"> • Statement of claim furnishing particulars of the event leading to the liability, such as the court order; • Photocopy of the police report (wherever reported); • Witness statements if available; • Any other documents relevant to the incident including summons, legal notice, copy of court award.
23.	Mugging Benefit (Section 4.2.24)	<ul style="list-style-type: none"> • FIR/ copy of police report obtained within 24 hours; • Written statement narrating the incident of loss i.e. type of loss, causes, circumstances and the place; • Receipt of Purchase of items claimed under this benefit.
24.	Golfer's Hole-in-one (Section 4.2.25)	<ul style="list-style-type: none"> • Documentation confirming the payment of the pre-paid golf fees; • Certificate & receipt of amount in celebration of achieving the "hole-in-one".
25.	Sports Equipment Cover (Section 4.2.26)	<ul style="list-style-type: none"> • Receipts for items lost or stolen or proof of ownership; • Receipt of purchase or rent of sport equipment; • A police report/ FIR confirming the incident
26.	Identity Theft (Section 4.2.29)	<ul style="list-style-type: none"> • Copy of the police report (wherever applicable); • Original receipt for payment of charges to the authorities for obtaining a new or duplicate identity proof document.
27.	Cruise Cover (Section 4.2.30)	<ul style="list-style-type: none"> • The reason for missing departure; • All original bills / receipts of Reasonable Additional Expenses incurred and/or proof of cancellation charges levied by the carriers shall be submitted; • The original ticket / boarding pass indicating the travel dates must be submitted with every claim, along with the completed claim form.
28.	Substitute Employee Expenses (Section 4.2.31)	<ul style="list-style-type: none"> • Original air ticket and boarding pass of the substitute employee; • Copy of passport/visa with exit and entry stamp.
29.	Bail Bond (Section 4.2.32)	<ul style="list-style-type: none"> • An application letter/statement detailing the incident; • Copy of passport and visa with exit and entry stamp; • Witness statements; • Proof of judicial decision rendered by a court of law; • Copy of the police report (In case of legal case); • Bail Papers specifying bail amount.
30.	Sponsor Protection (Section 4.2.34)	<ul style="list-style-type: none"> • Death summary issued by a Hospital of Sponsor; • Copy of Police Inquest Report, duly attested by the concerned Police Station;

		<ul style="list-style-type: none"> • Copy of Death Certificate and Post Mortem report; • Proof of sponsorship; • official invoice(s) from the educational institution and voucher(s) of payment of Tuition fees.
31.	Study Interruption (Section 4.2.35)	<ul style="list-style-type: none"> • Certificate for absence from university due to injury or illness; • Copy of passport, visa with entry and exit stamp; • Copy of tickets and boarding pass; • Attending Surgeon's/Medical Practitioner's Prescription advising Hospitalization for immediate family member/ educational Sponsor.

Note: At the time of claim investigation apart from the documents listed above the Insurance Company may request any other additional document as appropriately applicable for the claims processing under this section of the Policy.

6.3.2 Paying Claim

1. You agree that We shall only make payment when You or someone claiming on Your behalf has provided Us with necessary documentation and information.
2. We will make payment to You or Your Nominee. If there is no Nominee and You are incapacitated or deceased, we will pay Your heir, executor or validly appointed legal representative and any payment thus made, will be deemed as complete and final discharge of Our liability under the Policy.
3. On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per policy terms and conditions, we shall offer within a period of 30 days a settlement of the claim to the Insured Person. Upon acceptance of an offer of settlement by the Insured Person, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer. In the cases of delay in the payment, the insurer shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it.
4. However, where the circumstances of a claim warrant an investigation, We shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, We shall settle the claim within 45 days from the date of receipt of last necessary document.
5. If the insurer, for any reason, decides to reject the claim under the policy the reasons regarding the rejection shall be communicated to the Insured Person in writing within 30 days of the receipt of documents. The Insured Person may take recourse to the Grievance Redressal procedure stated under Section 6.1.9.

6.3.3 Basis of Claims Payment

1. Reimbursement of all claims will be made on the basis of first date of consultation/ hospitalization, mentioned on consultation paper/medical records.
2. Cashless will be paid to overseas facility in the prevalent currency of the said country on the date of payment & incase of payment through network partners on the date of invoice raised to us.
3. For the purpose of reimbursement claim payments, all currencies shall be converted into USD (as policy Sum Insured are in USD) and later to INR (as reimbursement payment will be in INR only/)

6.3.4 Assessments of Claim & Payment

1. No sum payable under this policy shall carry interest.
2. We shall be under no liability to make payment in respect of any Claim until such time as the Insured Person has provided it and/or the Insurance Company / Claims Administrator with whatever documentation and/or information may be requested and established the quantum of any amount claimed to the Company's satisfaction.
3. The obligation of the Company to make payments to the Insured Person in respect of Claims made after the Insured Person return to India shall be to make payment in Indian Rupees only.

6.3.5 Claim Assistance

In the event of a claim during the Insured Person's overseas trip, the Insured Person shall contact on our toll-free numbers or email ids available on Policy Schedule.

24X7 helpline number: +91 22 6734 7841

National toll-free number: 1800 209 2333 (only from MTNL/BSNL network)

Land line number for Claims: +91 22 6734 7878

Fax number: +91 22 6734 7888

For claim Intimation / any claims assistance towards Assistance & Value-Added Services (Section 4.3), kindly call Europ Assistance at Toll free number specified under Assistance Service Provider (Section 6.2.3)

Annexure to Prospectus -

- A. Annexure I: Day Care List (Refer Policy Wordings)
- B. Annexure II: List of Non-Medical Expense (Refer Policy Wordings)
- C. Annexure III: Sum Insured (Refer Policy Wordings)
- D. Grievance Redressal Procedures (Refer Policy Wordings)
- E. Rate Chart Details: Refer link below

<https://general.futuregenerali.in/customer-service/downloads>

This is only for ready reference and is indicative in nature. For complete terms of this product, please refer to the Policy Wordings. For assistance, please visit our website at <https://general.futuregenerali.in/customer-service/downloads> or call us at 1800 103 8889.

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